Final Copy

Survey Analysis and Reporting for the 1996 Health Care Survey of DoD Beneficiaries

Access to Health Care Working Paper

Judy Kasper
Westat, Inc.

June 1997

Contract No. DASW01-94-H-0001
Delivery Order 0005
CLIN No. 0001AV

SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

EXECUTIVE SUMMARY

Objective

This research on access to health care was conducted to identify how Department of Defense (DoD) health care beneficiaries gain access to the military health care system. Differences in where beneficiaries obtain care, the process they go through when gaining access to the military health care system, and their access to preventive care services were identified by geographic location, gender, beneficiary type, source of care, and health care region.

Procedure

In the spring and summer of 1996, the 1996 Health Care Survey of DoD Beneficiaries was mailed to a stratified sample of 156,838 active duty personnel, retirees, survivors and their adult family members. The questionnaire contained items concerned with the beneficiaries' access to health care as measured by access to a regular source of care, ease of making appointment, and preventive medical care.

Findings

- Almost 9 out of 10 (87.4%) DoD beneficiaries have a regular source of care.
  - men were more likely to rely on military treatment facilities as a regular source of care than women (69% vs. 61%).
  - a higher percentage of women than men reported having a regular source of care (92% vs. 83%).
- Over half of all DoD beneficiaries received a physical exam in the past 12 months.
- A little over 30 percent of current adult smokers reported smoking counseling in the past 12 months.
  - men who smoked were less likely to receive counseling than women.
  - active duty personnel and their family members who smoked were less likely to receive counseling than other beneficiary groups.
- Close to two-thirds of adult women reported receiving a pap smear in the past 12 months.
- Over 90 percent of women over age 40 reported ever having a mammogram; 64 percent of women over age 50 reported a mammogram in the past 12 months.
- Twenty-eight percent of beneficiaries reported using a hospital emergency room when unable to make an appointment for medical care.

- The impact of a military versus civilian regular source of care varied by beneficiary type, except for "use of an emergency room when unable to make an appointment" which was reported by a higher percentage of those with a military regular source of care.
- Very high percentages of DoD beneficiaries, generally at or above 90 percent, reported being unable to arrange an appointment for various types of care within specified time frames. Only for obtaining an appointment for a minor illness in 3 days or less, is the percentage lower (84%).

SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

ACCESS TO HEALTH CARE WORKING PAPER : FINAL COPY

CONTENTS

Page

LIST OF TEXT TABLES

LIST OF ANALYSIS TABLES

CONTENTS (continued)

CONTENTS (continued)

CONTENTS (continued)

LIST OF FIGURES

CONTENTS (continued)

CONTENTS (continued)

SURVEY ANALYSIS AND REPORTING FOR THE 1996 HEALTH CARE SURVEY OF DOD BENEFICIARIES

Introduction

This report provides a detailed look at how military beneficiaries obtained access to health care services and their use of preventive care services. The information in this report comes from the 1996 Health Care Survey of DoD Beneficiaries. The 89,701 respondents represent the views of the approximately 6.5 million adult beneficiaries of the Military Health Services System (MHSS). The report summarizes responses to questions about access and use of preventive care and provides detailed analysis by geographic location, beneficiary type, gender, and source of care.

Report Organization

The report begins with a short overview of the questionnaire and the sample of beneficiaries for the 1996 survey. Next, the report describes the analysis of the data. Tables in this report present findings by beneficiary location, gender, beneficiary type (active duty personnel; active duty family members; retirees, survivors and their family members under age 65; and retirees, survivors and their family members age 65 or over), and source of care.

The 1996 Questionnaire

The 1996 Health Care Survey of DoD Beneficiaries provides detailed information on health care delivery from the point of view of the beneficiary. This section briefly describes the questionnaire. The survey has nine major sections, including:

- "Your Health and Daily Activities"—This section contains the 12 questions that comprise the Health Institute's SF-12 Health Survey[1], a widely used and validated instrument that measures distinct aspects of personal health.
- "Preventive Health Care and Health Habits"—This section asks beneficiaries 17 questions about personal health habits and whether an individual received specified preventive exams.
- "Place of Medical Care and Health Insurance Coverage"—This section contains 10 questions about the beneficiaries' usual source of care and the type of health insurance coverage and who pays the premiums for private health insurance.
- "Medical Care at Military Facilities"—This section asks beneficiaries 12 questions about past use of military medical care, nights in a military hospital, ease of access to the military health care system ("process measures"), overall satisfaction with military health care, and reasons for not using military medical facilities, along with 32 questions rating specific aspects of military health care.

[1]The 1996 questionnaire includes the SF-12 Health Survey, item numbers 1 to 8, reproduced with permission of the Medical Outcomes Trust, copyright© 1994 The Health Institute; New England Medical Center.

- "Medical Care at Civilian Facilities"—This section asks beneficiaries 12 questions about past use of civilian medical care, nights in a civilian hospital, ease of access to the civilian health care system ("process measures"), overall satisfaction with civilian health care and satisfaction with CHAMPUS (TRICARE Standard) benefits, along with 32 questions rating specific aspects of civilian health care.
- "Dental Care"—Beneficiaries are asked three questions regarding their use of dentists or dental clinics in this section of the questionnaire.
- "TRICARE"—This section contains 18 questions that look at beneficiaries' level and source of knowledge about TRICARE, their opinions about TRICARE and their current and future TRICARE enrollment plans.
- "Facts About You"—This section asks for demographic information, such as length of time in residence, source of eligibility for military health care, marital status, education, ethnicity and race, and age as well as other factors contributing to an explanation of health-related behaviors and opinions.

Sampling and Response Rates

The sample of beneficiaries for the 1996 survey were selected at random in catchment areas in the United States and overseas and in noncatchment areas. For noncatchment areas, beneficiaries were sampled separately within each of 12 regions, Alaska and overseas. To be eligible for the survey, an individual's record in the Defense Enrollment Eligibility Reporting System (DEERS) had to indicate that the individual was:

- Eligible for military health care benefits as of October 28, 1995; and
- Age 18 or older.

Within each catchment area, the sample was stratified by six beneficiary groups: (1) active duty personnel; (2) active duty family members; (3) retirees under age 65; (4) family members under age 65 of retirees; (5) retirees age 65 and older; and (6) family members age 65 and older of retirees. Stratification means dividing the survey population into mutually exclusive subsets (strata) and then sampling individuals independently from each stratum. Stratification serves two main purposes:

- Stratification ensures that the sample is large enough at the catchment area level and within each beneficiary group to identify with specified precision differences in answers between catchment areas and beneficiary types.
- Stratification also permits a more nearly optimum allocation of sample within catchment areas, within beneficiary groups, and within the catchment areas of a region as a whole.

The number of beneficiaries sampled in each catchment area and beneficiary group depends on how confident we want to be that our findings reflect the true values and not chance.

Meeting the precision requirements for this survey required approximately 90 to 100 respondents from each catchment area and beneficiary group combination. A response rate of 50 percent for active duty personnel and a 65 percent response rate for retirees and their families was assumed. The number of respondents required and the expected response rates determined the number of beneficiaries drawn from the sample. Table I and Table II show, for each segment of the population, the number of survey respondents (beneficiaries who returned their surveys) and the population (weighted N) of beneficiaries represented by the returned surveys and the response rate.

Table I
Number of survey respondents and weighted N's for population segments

Population Segment	Survey Respondents	Weighted N	Response Rate
All Beneficiaries	89,701	3,701,051	58.1
Males	44,357	1,973,787	57.9
Females	45,344	1,727,264	58.3
Active Duty Personnel	17,154	714,233	45.0
Active Duty Family Members	14,096	465,586	45.9
Retirees, Survivors and Their Family Members Under Age 65	31,785	1,638,294	62.3
Retirees, Survivors and Their Family Members Age 65 or Over	26,666	822,938	76.3
Beneficiaries in U.S. Catchment Areas	63,459	2,204,963	59.7
Beneficiaries in U.S. Noncatchment Areas	14,186	1,234,854	62.0
Beneficiaries in overseas Catchment Areas	11,499	196,069	48.3
Region 1: Northeast	9,428	787,602	62.0
Region 2: Mid-Atlantic	5,673	632,777	58.3
Region 3: Southeast	8,660	757,861	58.3
Region 4: Gulfsouth	7,503	433,308	60.8
Region 5: Heartland	3,884	468,373	59.4
Region 6: Southwest	10,128	727,040	58.1
Region 7: Desert States	5,896	300,288	62.4
Region 8: North Central	10,255	511,640	61.7
Region 9: Southern California	5,391	509,687	56.3
Region 10: Golden Gate	4,453	261,489	60.4
Region 11: Northwest	3,316	272,692	62.9
Region 12: Hawaii Pacific	1,286	104,399	62.4
Alaska	1,722	50,207	57.5

Table II
Number of survey respondents and weighted N's for each beneficiary group within each region

Health Care Region	Active Duty Personnel		Active Duty Family Members		Retirees, Survivors and Their Family Members Under Age 65		Retirees, Survivors and Their Family Members Age 65 or Over		Total	
	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N	Survey Respondents	Weighted N
Region 1	1,424	176,327	1,417	113,992	3,476	328,675	3,111	168,608	9,428	787,602
Region 2	817	225,670	835	134,725	2,114	203,941	1,907	68,412	5,673	632,777
Region 3	1,285	151,104	1,285	101,956	3,166	337,608	2,924	167,193	8,660	757,861
Region 4	1,062	82,184	1,148	58,904	2,794	208,552	2,499	83,668	7,503	433,308
Region 5	594	103,230	602	60,241	1,398	219,781	1,290	85,120	3,884	468,373
Region 6	1,595	161,148	1,489	100,252	3,736	325,671	3,308	139,969	10,128	727,040
Region 7	941	60,658	878	40,568	2,130	134,213	1,947	64,849	5,896	300,288
Region 8	1,766	124,231	1,636	79,289	3,704	222,279	3,149	85,842	10,255	511,640
Region 9	874	162,367	794	90,222	1,924	161,280	1,799	95,818	5,391	509,687
Region 10	707	46,491	669	33,820	1,574	109,433	1,503	71,744	4,453	261,489
Region 11	451	55,818	501	42,180	1,239	118,980	1,125	55,715	3,316	272,692
Region 12	234	47,371	159	27,163	478	20,608	415	9,258	1,286	104,399
Alaska	380	20,565	320	13,136	617	14,329	455	2,177	1,772	50,207

Analysis of Access

Objective

The main objective of this analysis is to describe differences in access to medical care factors across location, source of care, beneficiary type, and gender categories, and to identify factors that may explain differences in access to medical care. The survey has two types of access measures:

- Outcome measures of access looks at whether beneficiaries receive necessary care, including preventive exams and prenatal care.

- Process measures of access, looks at how easily people arrange their medical care in terms of waiting lines, number of phone calls, and travel time.

The survey asks beneficiaries to report on process measures separately for care delivered at military or civilian facilities. The content of these questions, their question numbers, and the variable names appear in Tables III and IV.

Table III
Access to Health Care: Medical Care at Military or Civilian Facilities

Source or Services	Question Content	Question Number	Variable Names
Regular Source	Place you usually go when sick	27	H9627R
Type of Source	Type of place you usually go when sick	28	H9628
Outcome Measures	Physical	10	H9610
(Care when needed)	Blood pressure check	11	H9611
	Cholesterol screening	12	H9612
	Immunization or flu shot	13	H9613
	Advice on healthy living	14	H9614
	Dental exam	15	H9615
	Smoking counseling	16 / 18	H9616R / H9618R
	Pap smear	22	H9622R
	Ever had a mammogram	23	H9623R
	Mammography in past 12 months	23	H9623R
	Breast exam in past 12 months	24	H9624R
	Prenatal care in first trimester	25 / 26	H9625R / H9626R
	Used ER when unable to make appointment	29 / 30	H9629 / H9630

Table IV
Access to Health Care: Process Measures

Process Measures	Question Content	Question Number (Military/Civilian)	Variable Names (Military/Civilian)
Phone Calls	Phone calls to make appointment	42 / 55	H9642 / H9655
Office Wait	Wait at provider's office	43 / 56	H9643 / H9656
Travel	Travel time to provider's office	44 / 57	H9644 / H9657

Waiting Time For Appointments	Wait (in weeks) for routine care	45a / 58a	H9645A / H9658A
	Wait (in days) for minor care	45b / 58b	H9645B / H9658B
	Wait (in weeks) for care of chronic conditions	45c / 58c	H9645C / H9658C
	Wait (in days) for urgent care	45d / 58d	H9645D / H9658D

Research Questions

This working paper addresses the following research questions:

- Among eligible beneficiaries, what is the variability in types of regular source of care and how is it related to geographic location; gender; or beneficiary type?
- Is there variability in access outcome measures (preventive services, care to promote better health habits, dental care, women's health services, use of an emergency room when unable to make an appointment) and is it related to geographic location, gender, beneficiary type, or regular source of care?
- Is there variability in process measures of access (convenience and ease of getting care) and is it related to geographic location, gender, beneficiary type, or use of military versus civilian systems of care?
- Are there regional variations within U.S. catchment area in types of regular sources of care, access outcome measures, or process measures of access?

Analytic Variables

To answer the research question, several analytic variables were constructed to represent location, gender, beneficiary type, and source of care. These variables are briefly described here; the *Technical Report* contains more detailed information.

Regular Source of Care (XREGSRCE)

The constructed variable "regular source of care" is based on Questions 27 and 28, which ask where beneficiaries usually seek care when they are sick or need advice. This variable has the following values (there will be a few who are unassigned):

1---Military;

2---Civilian;

3---None/don't know.

This definition of "regular source of care" is based on whether or not the beneficiary is in a region with TRICARE Prime available, whether or not the beneficiary is enrolled in TRICARE

Prime when it is available, and on the screening item Question 27 and Question 28. Only these three categories of this variable are appropriate for use in analysis.

Past Use of Care (XPASTUSE)

The constructed variable, "past use of care", is based on Questions 38 and 51. Question 38 asks whether beneficiaries used any military health care in the past 12 months. Question 51 asks whether beneficiaries used any civilian health care in the past 12 months.

The past use variable has the following values (there will be a few who are unassigned):

1---Military only;

2---Civilian only;

3---Both military and civilian.

Only these three categories of this variable are appropriate for analysis.

Other Constructed Variables

The other constructed variables are used to identify individuals living inside U.S. catchment areas and display findings for this group by gender, beneficiary type, region, and source of care. Why were beneficiaries living inside U.S. catchment areas chosen for more detailed analysis? These individuals are of special interest for three reasons. First, they form the largest population group, accounting for approximately 75 percent of adult beneficiaries. Second, beneficiaries in this group typically have access to both military and civilian sources of health care. In contrast, beneficiaries living outside catchment areas do not have easy access to military care and beneficiaries living overseas do not have easy access to civilian care. Because beneficiaries living inside U.S. catchment areas typically have more choice for health care delivery, their views are of particular interest to us. Finally, the MHSS has more tools for managing the care of this population. For example, beneficiaries living inside U.S. catchment areas must obtain a nonavailability statement before seeking civilian care if CHAMPUS is the primary insurer.

Four variables were used to identify beneficiaries living inside U.S. catchment areas and to group them by region, gender, and beneficiary category:

- The variable `XLEVELWP` groups individuals into three categories: (1) beneficiaries living in U.S. catchment areas; (2) beneficiaries living outside of U.S. catchment areas; and (3) beneficiaries living overseas. Catchment area codes provided by Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) using the Defense Medical Information System (DMIS) were used to classify beneficiaries into these categories.
- The variable `XREGION` further groups individuals into specific regions. Catchment area codes provided by OASD(HA) were used to identify the appropriate region for each beneficiary.

- The variables XSEX (male/female) and XBGC_S (beneficiary type) were also used to organize the data in the tables.

50-State Catchment Areas, 50-State Noncatchment Areas, Overseas (XLEVELWP)

These groups of beneficiaries were formed to ensure that beneficiaries living in catchment areas of the 50 states are selected for analysis. Here, catchment area codes provided by OASD(HA) using the Defense Medical Information System are used to classify beneficiaries. The key variable here is CACSMPL, a four digit number representing the catchment area status of each beneficiary when the DEERS file was frozen and the sample drawn. XLEVELWP takes on values as follows (there will be a few who are unassigned):

1---50-state catchment areas;

2---50-state noncatchment areas;

3---Overseas.

Only beneficiaries with a known value for this constructed variable were included in the denominators of tables.

50-State and Overseas Regions (XREGION)

These groups of beneficiaries will be formed to do analyses on beneficiaries living in the 50-state catchment areas for all working papers. In region-based research reports, beneficiaries in noncatchment areas will also be included in regional totals. Catchment area codes (CACSMPL) provided by OASD(HA) will be used to classify beneficiaries as located in a specific region as follows (there will be a few who are unassigned):

1---Northeast;

2---Mid-Atlantic;

3---Southeast;

4---Gulfsouth;

5---Heartland;

6---Southwest;

7---Desert States;

8---North Central;

9---Southern California;

10---Golden Gate;

11---Northwest;

12---Hawaii Pacific;

13---Alaska;

14---Overseas.

This constructed variable will allow the identification of the beneficiaries in a 50-state region or those who are Overseas selected for a regional report. Only these fourteen categories of this constructed variable will be used in analyses.

Definition of Denominator

The denominator in this working paper is complex because the denominators vary, depending on the type of measure of access. For process measures, the denominator depends on whether the individual used a particular type of facility, military or civilian. Those who have not used the system in the past 12 months are filtered out by Questions 38 and 51 before they get to the process questions. Outcome measures, by definition, only select individuals with an identifiable need for care. All beneficiaries are allowed to answer the preventive care items (Question 10 to Question 26). For selected items the comparison of the preventive care with civilian estimates, the denominator will include beneficiaries age 50 and over. Finally, only women will be included in the pap smear, mammograms, breast examinations and prenatal care questions. This shift in the denominator will be noted in the text of the working paper and is inevitable.

Organization of Tables

The remainder of this report presents detailed information on access to health care. For reporting purposes, information from the survey has been organized into a set of standardized tables separated by flow charts. The flow charts depict how the analytic groups were formed from subsets of the whole sample and indicate the unweighted sample size for these analytic groups. The flow chart boxes at the bottom of each chart represent the groups of beneficiaries used in calculating means or percentages for presentation in the following table.

The first analytic table reports findings for DoD as a whole; by geographic location (in U.S. catchment areas, out of U.S. catchment areas, and overseas); and by region for the population living inside U.S. catchment areas. The second table reports findings by gender and beneficiary type for beneficiaries living inside catchment areas. The original six beneficiary groups were combined into four types (active duty personnel; active duty family members; retirees, survivors and their family members under age 65; retirees, survivors and their family members age 65 and over). The next presentation of results shows findings by source of care within the four beneficiary types. The three *regular source of care* categories are "military," "civilian," "none/don't know." The three *past use of care* categories are "military," "civilian," and "both." The remaining tables report findings within each region, for each combination of beneficiary type and source of care just for the population living inside U.S. catchment areas.

Comparability with 1995 Results

Results for several access questions are not directly comparable with the 1995 results because of deliberate changes to the questions, response options, or reporting. The questions affected by these changes are briefly noted here.

Regular Source of Care

The format of the regular source of care question was changed substantially to make it more comparable with general survey practice. Specifically, the question changed from a single item with an option "Does not apply - no regular source" to a two-part question that first asks if the individual has a regular source (with a simple yes/no response) and a second question about what type of place it is. This change was expected to result in a lower percentage of beneficiaries who reported having a regular source of care. That expectation has been born out. However, no further changes in this question are anticipated.

Preventive Exams

The response options for questions on preventive care were changed from yes/no to options that reveal how long ago the individual received the exam. For example, in 1995, we asked whether the individual received a cholesterol check in the past 12 months. In, 1996, we asked when the individual last had a cholesterol test done and we report whether it was received in the past 5 years. The reported results are not comparable; however, analysts can re-analyze the data and compare the percent receiving the exam in the past 12 months. However, the 1996 measure is more useful for monitoring progress toward preventive health goals. No further changes in response options or reporting are anticipated.

Process Measures

In 1996, we changed reporting for travel time and both the question and reporting for appointment waiting time. For travel time, the 1996 results show the percentage of the population who travel 30 minutes or less for care. In 1995, we reported the percentage who traveled 15 minutes or less. This change brings reporting in line with TRICARE standards for access. However, we do not limit our analysis to TRICARE enrollees.

Both question and reporting for appointment wait were changed from a single question and a single "standard" (one week or less) to four questions and "standards" depending on the type of appointment.

Approach to Analysis of Access to Health Care Data

The analysis of access to health care data presented below employs the following general rules:

- The discussion stresses broad patterns that emerge by comparing table columns and rows. Specific values from table entries are cited only to illustrate examples of a pattern or to give an idea of the magnitude of differences among subgroups.
- For related groups of tables, the discussion appears before that group of tables. There are three main sections to this paper. (1) Regular Source of Care; (2) Outcome Measures; and a section on (3) Process Measures.
- The discussion of results for individual health care regions is by exception indicating how a region varies meaningfully from the overall findings and in what ways a particular region is different.
- Differences between columns or rows of a single table, or between two different tables are discussed when they are either numerically large, or if these differences form a pattern in a row which is consistent across all columns of a table.
- The types of tables created are:

    - based upon all beneficiaries in U.S. catchment areas using either a military or civilian health care facility or both types of facilities in the past 12 months;
    - concerned with geographic locations (total DoD, those in U.S. catchment areas, those in U.S. noncatchment areas, overseas, and U.S. catchment areas of specific health care regions and Alaska); and
    - beneficiaries in U.S. catchment areas who are either men or women; who are active duty members; family members of active duty personnel; retirees, survivors and their family members under age 65; or retirees, survivors and their family members age 65 or over.

Results of Analysis

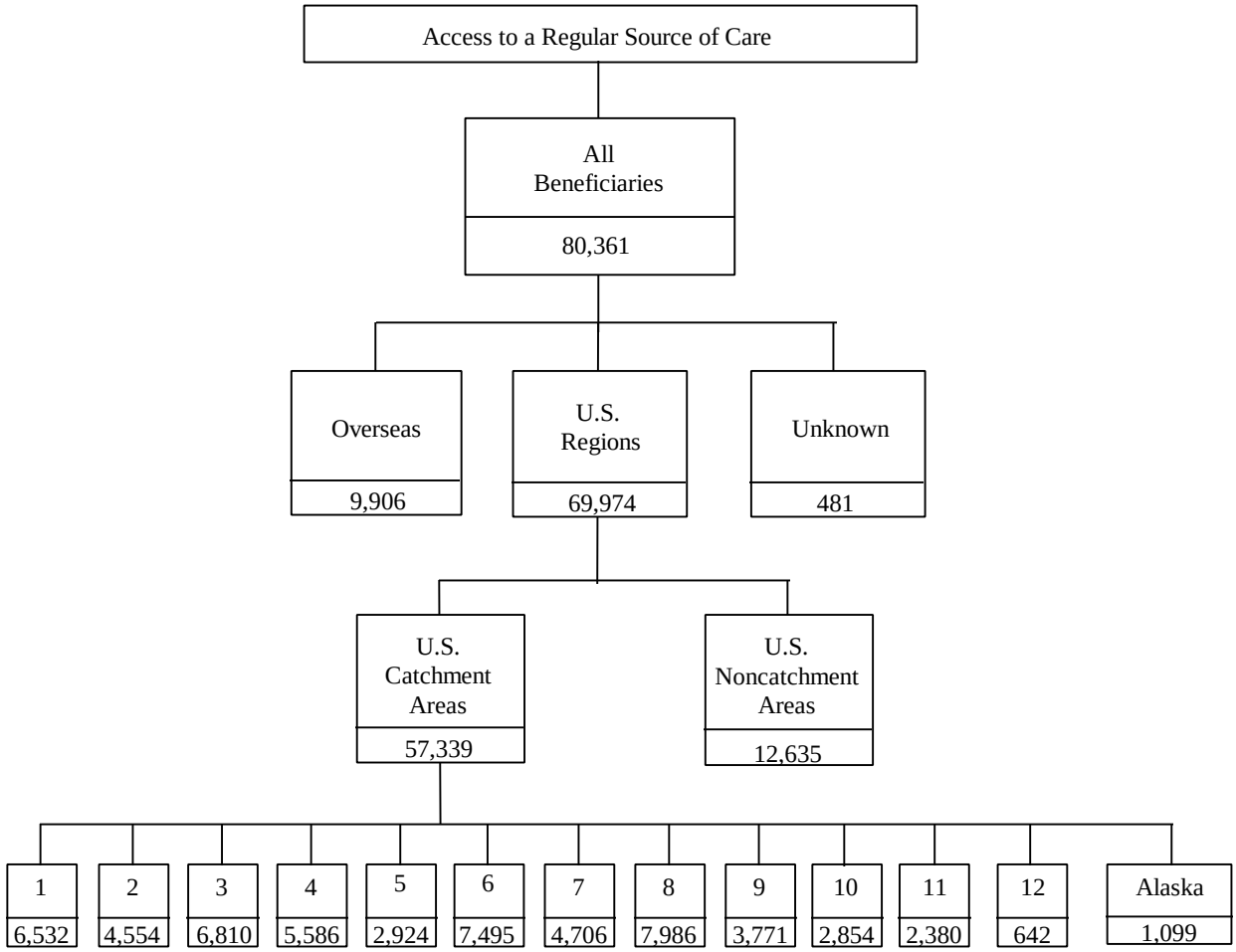

Figure 1. Access to a regular source of care.

Beneficiaries' Access to a Regular Source of Care

This begins a summary of beneficiaries' reported access to a regular source of care and the type of source they usually go to when they are sick or in need of medical advice. Table 1a focuses on the beneficiaries' geographic location: (1) U.S. catchment areas; (2) outside U.S. catchment areas; and (3) outside the 50 United States (Overseas). Table 2a presents data by gender and beneficiary type. Table 1a reports beneficiaries' reported access to a regular source of care. The table presents the information by geographic location (U.S. catchment areas, U.S. noncatchment areas, and Overseas) and health care region. Table 2a reports the beneficiaries' access to a regular source of care for those in U.S. catchment areas. The table presents the information by gender and beneficiary type.

Access to health care--whether individuals can obtain care when it is needed--has been an important means of judging the performance of health systems for several decades. Several key

indicators of access for the DoD population are addressed in this report. First, whether DoD beneficiaries have a regular source of care, and the extent to which they rely on civilian or military providers. Second, whether the type of regular source of care, or absence of a regular source is associated with beneficiary characteristics (e.g. geographic location, gender, beneficiary types). Third, whether measures of outcomes or process of care are associated with absence of a regular source of care or military versus civilian regular sources of care, and whether there are variations in outcomes or process by beneficiary characteristics. Each of these is addressed for the DoD population as a whole, and for the regions within the U.S. catchment area.

Beneficiaries' Access to a Regular Source of Care by Location

Almost 9 out of 10 (87.4%) DoD beneficiaries have a regular source of care (Table 1a). There is little meaningful variation in the percentage with a regular source of care across the three major geographic groupings (U.S. catchment area, outside U.S. catchment area, overseas) or by regions within the U.S. catchment area.

Over half of all DoD beneficiaries indicate their regular source of care is a military treatment facility--a military hospital, clinic, or sick call, or a PRIMUS or NAVCARE clinic. This varies, however, from about 2 of 3 beneficiaries in the U.S. catchment area and 9 of 10 overseas beneficiaries, to only 1 in 5 of those in the U.S. but outside of the catchment area. Even within the U.S. catchment area there is regional variation, from a low of about 1 in 2 relying on a military facility as a regular source of care in Region 10 (Golden Gate), to a high of 4 out of 5 in Alaska.

About 2 out of 5 beneficiaries, indicate their regular source of care is a civilian provider--a civilian doctor's office, USTF, or VA clinic or hospital. A civilian doctor's office is the most commonly named regular source of care after military treatment facilities. Civilian providers are relied on most heavily as a regular source of care by U.S. beneficiaries outside of a catchment area (2/3 of these beneficiaries have civilian doctors as a regular source). Fewer than 5 percent of beneficiaries indicate a VA clinic or hospital as a regular source of care with the exception of U.S. noncatchment area beneficiaries (6%). Again, however, there is substantial regional variation in reliance on civilian sources of care, from a low of 15 percent of those with a regular source of care in Alaska to a high of 44 percent in Region 10 (Golden Gate).

Beneficiaries' Access to a Regular Source of Care by Gender and Beneficiary Type

Table 2a shows a higher percentage of women beneficiaries than men report having a regular source of care (92% vs. 83%). Active duty personnel are less likely to report having a usual source of care (79%) than their family members (88%) or retirees, survivors and their family members of all ages (90 percent for those under 65 years; 96 percent for those 65 and older).

Men were more likely to rely on military treatment facilities than women (69% vs. 61% respectively), with military hospitals, clinics or sick call being the military sites (see Table 2a). A higher percentage of women used PRIMUS or NAVCARE clinics than men, however (7% vs. 3%). Conversely, women were more likely to rely on civilian doctor's office, over one-third of women with a regular source of care compared to one-quarter of men.

There is considerable variation in reliance on military versus civilian providers as regular sources of care by type of beneficiary (Table 2a). Virtually all active duty personnel (94%) indicate their usual source of care is a military facility compared to 80 percent of active duty family members; 48 percent of retirees, survivors and family members under age 65; and 32 percent of elderly retirees, survivors and their family members.

Table 1a Access to a Regular Source of Care By Location

Table 1b Access to a Regular Source of Care - Unweighted and Effective Sample Sizes of Beneficiaries Reporting a Regular Source of Care By Location

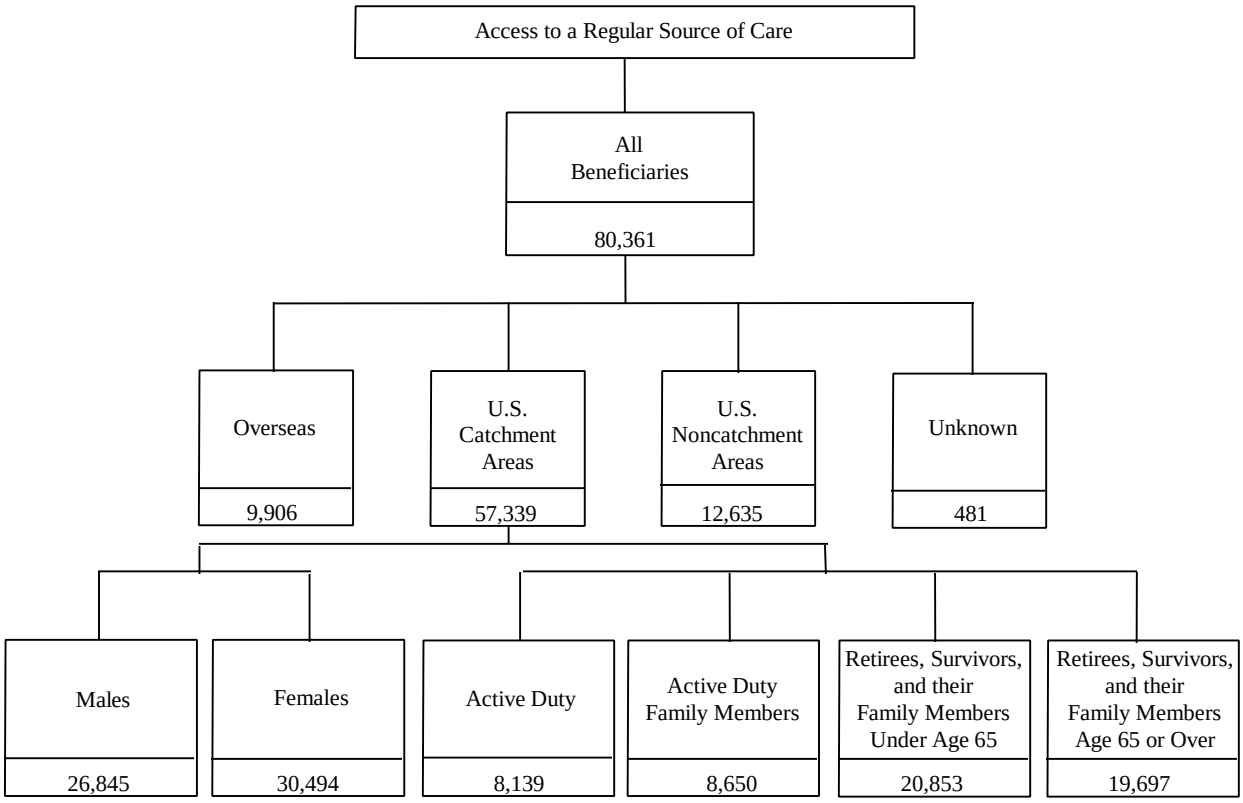

Figure 2. Access to a regular source of care - Beneficiaries in U.S. catchment areas by gender and beneficiary type

Table 2a Access to a Regular Source of Care - Beneficiaries in U.S. Catchment Areas By Gender and Beneficiary Type

Table 2b Access to a Regular Source of Care - Beneficiaries in U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Beneficiaries Reporting a Regular Source of Care By Gender and Beneficiary Type

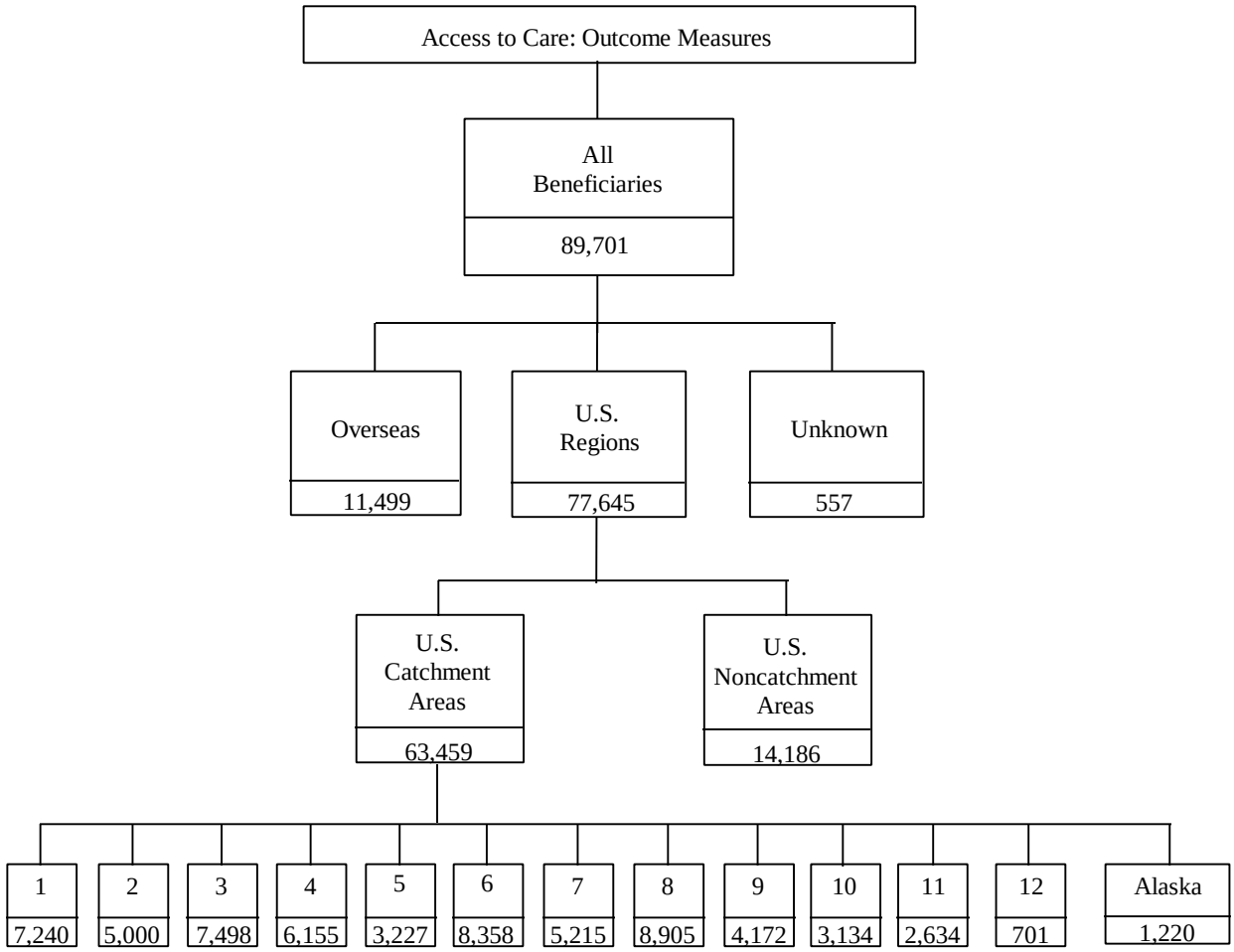

Figure 3. Access to Health Care: Outcome measures

Beneficiaries' Access to Health Care: Outcome Measures

Table 3a reports the beneficiaries' access to a regular source of care for those in U.S. catchment areas. The table presents the information by geographic location (U.S. catchment areas, U.S. noncatchment areas, and Overseas) and health care region. Table 4a reports the outcome measures for beneficiaries in U.S. catchment areas. The table presents the information by gender and beneficiary type. Table 5a reports the outcomes measures for beneficiaries in U.S. catchment areas. The table presents the information by beneficiary type and regular source of care.

The Outcome Measures of Access to Health Care are a series of questions intended to gauge whether adult beneficiaries are receiving necessary preventive health services (physical examination, blood pressure check, cholesterol screening, immunization or flu shot), care to promote good health habits (smoking counseling, advice on healthy living), dental care (dental exam), women's health care (pap smear, mammography and breast exam, prenatal care in first trimester), and, alternatively, whether there are potential barriers to access (used emergency room when unable to make appointment).

Preventive Health Services. Over half of all DoD beneficiaries received a physical exam in the past 12 months (Table 3a). The percentage is somewhat higher among U.S. noncatchment area beneficiaries (60%) and slightly lower among overseas beneficiaries (46%). Virtually all beneficiaries had a blood pressure check within the past 2 years – 95 percent or above across the three major geographic groupings, the regions within the U.S. catchment area, for men and women, and for each beneficiary type with one exception (94 percent for younger retirees, survivors, and their family members). Because the percentage with a blood pressure check is so high and shows so little variation it is not discussed further in subsequent tables. About three-quarters of all beneficiaries received cholesterol screening within the past 5 years. Percentages with an immunization or flu shot in the past 12 months ranged from 45 percent (U.S. noncatchment areas) to 60 percent (overseas beneficiaries).

Care to Promote Good Health Habits. Table 3a shows a little over 30 percent of current adult smokers reported smoking counseling in the past 12 months, with regional variation from lows of 22 percent and 27 percent in Regions 2 (Mid-Atlantic) and 9 (Southern California), to highs of 42 percent and 46 percent in Region 12 (Hawaii Pacific) and Alaska. A higher percentage, about half, of all beneficiaries reported receiving advice on healthy living from a health care provider in the past 12 months. The percentage was highest among those in noncatchment areas (56%) and lowest among overseas beneficiaries (45%), but there was little regional variation within the U.S. catchment area.

Dental Care. About two-thirds of adult DoD beneficiaries received a dental exam in the past 12 months (see Table 3a). This is somewhat below the Healthy People 2000 goal of 70 percent (US DHHS, 1995; also see pg. 42 in Database Preparation Plan, Latta, Helmick, Brundage, Chu, Davis and Rauch, 1996). Overseas beneficiaries were more likely to have had a dental exam (close to three-quarters) than beneficiaries in the U.S. Within the U.S. catchment area, percentages ranged from 64 percent in Regions 6 (Southwest) and 7(Desert States), to above 70 percent in Regions 1 (Northeast), 2 (Mid-Atlantic), 12 (Hawaii Pacific), and Alaska (Table 3a).

Women's Health Services. Close to two-thirds of adult women reported receiving a pap smear in the past 12 months (see Table 3a). While not directly comparable, this compares favorably with the recommended goal of 85 percent of adult women receiving a pap smear over a 36 month period (US DHHS, 1995; also see pg. 42 in Database Preparation Plan, Latta, Helmick, Brundage, Chu, Davis and Rauch, 1996). Over 90 percent of women over 40 reported ever having mammography, exceeding the recommended goal of 85 percent, and 64 percent of those over 50 reported a mammogram in the past 12 months, again exceeding the recommended goal from Healthy People 2000 of 60 percent of women in this age group receiving a mammogram in a 24 month period. Percentages reporting a breast exam in the past 12 months, for which there is no recommended standard, are similar to those for mammography in women age 50 or over (except for overseas beneficiaries where the percentage is higher) and will not be discussed separately. Prenatal care in the first trimester among all currently pregnant or recently pregnant female beneficiaries (in past 12 months) also meets the recommended standard of 90 percent receiving care.

By geographic group (in Table 3a), a slightly lower percentage of women in U.S. noncatchment areas received a pap smear in the past 12 months (62 percent compared to 66 percent for others). Female overseas beneficiaries age 50 or over were less likely than others to have received a mammogram in the past 12 months (45%). There was no substantial variation among regions, percentages receiving a pap smear or mammography in women 50 and older were consistently above 60 percent; over 90 percent of women age 40 or over reported having had at least one mammogram.

Potential Barriers to Access. Use of an emergency room when unable to make an appointment for medical care is an indicator of potential problems in access to needed care, although it should be interpreted cautiously. Overall, 28 percent of beneficiaries reported using a hospital emergency room under these circumstances in the past 12 months (see Table 4a). Interestingly, the percentage did not differ substantially among the three geographic groupings of beneficiaries. Regional differences within the U.S. catchment area were greater, however, ranging from a low of 18 percent in Region 9 (Southern California) to a high of 39 percent in Region 8 (North Central). In addition, over 30 percent reported using an emergency room when unable to make an appointment for care in Regions 2 (Mid-Atlantic), 6 (Southwest), 7 (Desert Sates), and Alaska.

Beneficiaries' Access to Health Care: Outcome Measures by Gender

Preventive Health Services. On two of the four preventive services (cholesterol screening in past 5 years and immunization/flu shot), women were less likely than men to have received care (Table 4a). The difference is greatest for immunization or flu shot, where 62 percent of men vs. 38 percent of women received one or the other in the past 12 months. For a blood pressure check, there is no gender difference, and women were slightly more likely than men to have received a physical exam (56% vs. 52%). A lower percentage of women than men received a dental exam (65% vs. 70%), putting women beneficiaries below the Healthy People 2000 recommendation of 70 percent of adults receiving an exam in a 1 year period. Women are more likely than men, however, to receive care intended to promote good health habits (smoking counseling and advice on healthy living), although the gender difference is less than 5 percent in both instances. About one-third of women compared to one-quarter of men reported making use of an emergency room when unable to make an appointment.

Beneficiaries' Access to Health Care: Outcome Measures by Beneficiary Type

Older beneficiaries (retirees, survivors and their family members age 65 or over) were more likely than other beneficiary groups to receive preventive services and care intended to promote better health. Both a dental exam and women's health services, on the other hand, were received by a higher percentage of active duty personnel. Those most likely to use an emergency room when unable to make an appointment were active duty family members.

Table 4a shows elderly retirees, survivors and their family members were substantially more likely than other beneficiary types to have had a physical in the past 12 months, 72 percent vs. about half in other groups, and cholesterol screening in the past 5 years, 92 percent versus between 50 percent and 80 percent in other groups. Both these older beneficiaries and active

duty personnel are much more likely to have had an immunization or flu shot (71% and 82% respectively) than other beneficiaries (21 percent of active duty family members and 32 percent of younger retirees, survivors and their family).

Both smoking counseling and advice on healthy living were more prevalent among elderly retirees, survivors and their family members as well. Table 4a shows 40 percent received smoking counseling compared to 28 percent to 31 percent of other beneficiary groups, and 68 percent received advice on healthy living from a health care provider in the past year (around 40% to 50% in other groups). Least likely to receive care intended to promote better health habits were active duty personnel and their family members – 28 percent of smokers received counseling and around 40 percent received advice on healthy living.

Table 4a shows a high percentage of active duty personnel received a dental exam in the prior 12 months (85%) compared to other beneficiaries (from 57 percent for younger retirees, survivors and their family members, to 65 percent for active duty family members).

Close to 80 percent of female active duty personnel received a pap smear in the past 12 months, and 83 percent of women age 50 or older reported a mammogram. The percentages were lowest for a pap smear among elderly retirees, survivors and their family members age 65 or over (57%) and for a mammogram in women age 50 or older among active duty family members (51%). Pregnant women among retirees, survivors, and their family members under age 65 were somewhat less likely to have received first trimester prenatal care compared to others (80 percent vs. close to 90 percent for active duty personnel and their family members).

Use of an emergency room when unable to make an appointment was highest among active duty family members (40 percent reported doing so) and lowest among active duty personnel and elderly retirees, survivors and family members (23%) (see Table 4a).

Beneficiaries' Access to Health Care: Outcome Measures by Beneficiary Type and Regular Source of Care

Examining the outcome measures for access to health care (preventive services, care intended to promote better health habits, dental exam, women's health care and potential barriers to access) by regular source of care provides information on the relationship of possible access problems to types of care. Table 5a shows this relationship for each of the four beneficiary groups. Of primary interest are comparisons among persons with military, civilian and no regular source of care, and differences across beneficiary groups within military and civilian regular sources of care.

Absence of a Regular Source of Care. Only 13 percent of DoD beneficiaries overall (see Table 1a), report having no regular source of care – with 46 percent reporting a military facility as their regular source of care, 38 percent a civilian provider and the remaining 3 percent some other type (excluded from the table and this discussion). Both persons reporting no regular source of care and those indicating they did not know whether they had a regular source of care are considered as without a regular source of care. Generally persons with no usual source of

care use, lacking an clear entry point to systems of care, use fewer health services than others. This relationship holds true for most of the outcome measures of access to health care examined here.

Preventive Health Services. For preventive services, persons with no regular source of care were less likely to have a physical in the past 12 months, were less likely to have had cholesterol screening in the past 5 years, and were less likely to have had an immunization or flu shot (see Table 5a). Even for blood pressure check within the past 2 years, except for active duty personnel, a lower percentage of those with no regular source of care received one (only 87 percent of elderly retirees, survivors, and family members compared to 97 percent to 99 percent of those with a military or civilian regular source of care).

Care to Promote Good Health Habits. A similar pattern holds for care to promote good health habits. In Table 5a, typically, half the percentage of smokers among those with no regular source of care reported smoking counseling compared to smokers with a regular source of care: among active duty personnel, only 16 percent compared to 32 percent of those with a military regular source of care; among active duty family members 16 percent compared to 31 percent of those with a military regular source of care; among younger retirees, survivors and their family members only 12 percent compared with 40 percent of those with a civilian regular source, and among older retirees, survivors, and their family only 16 percent compared with 43 percent of those with a civilian regular source of care. Similarly, a much lower percentage of those with no regular source of care report receiving advice on healthy living, for active duty personnel for example only 26 percent compared to 44 percent of those with a military regular source of care, and for active duty family members 31 percent and 43 percent respectively.

Dental Care. For dental care, having no regular source of care results in a lower percentage reporting an exam for active duty personnel compared to those with a military regular source of care, and for active duty family members compared to both military or civilian regular sources of care (see Table 5a). For retirees, survivors and family members (both under age 65 and 65 or over), there is no difference in the percentage reporting a dental exam between those with no usual source of care and those with a military source, but beneficiaries with a civilian source of care are more likely to have had an exam in the past 12 months.

Women's Health Services. For women's health services (excluding active duty personnel where small numbers of cases in civilian care or with no regular source result in no differences by regular source of care), the effects of having no regular source of care are a lower percentage of women among active duty family members, and retirees, survivors and their family members, who report a pap smear in the past 12 months, mammography, a breast exam, or first trimester prenatal care. For pap smear and mammography in the past 12 months among women age 50 or over, the effects are substantial. Among younger retirees, survivors and their family members, for example, 46 percent received a pap smear and 44 percent of women age 50 and over received a mammogram among those with no regular source of care, in contrast to 66 percent and 68 percent for these same services for those with a civilian regular source of care.

Comparing Military and Civilian Regular Sources of Care

The impact of military versus civilian regular sources of care appears to vary by beneficiary type as seen in Table 5a. For retirees, survivors and their family members (both under age 65 and 65 and over) a higher percentage of those with a civilian as opposed to a military regular source of care report receiving preventive services (physical in the past 12 months, cholesterol screening and immunization/flu shots) and care to promote better health habits (advice on healthy living, smoking counseling). This pattern also holds for active duty family members with the exception of smoking counseling where there is no difference by regular source of care. For active duty personnel, a higher percentage with a civilian regular source of care get a physical, but immunization/flu shot and smoking counseling were reported by more of those a military regular source of care, with no difference on cholesterol screening and advice on healthy living. The pattern for active duty personnel may be largely a function of so few with a civilian regular source of care, the percentage reporting smoking counseling from a military regular source, for example, is about the same as for active duty family members and younger retirees, survivors and family members.

Dental Care. Table 5a shows for dental care, a higher percentage of retirees, survivors and their family members received a dental exam if their regular source of care was civilian as opposed to military. There was no difference between the two for active duty family members, but a higher percentage of active duty personnel with a military regular source of care received a dental exam.

Women's Health Services. For women's health services, (leaving aside active duty personnel), differences between women with military and civilian regular sources of care are small and often not significant (see Table 5a). There were no differences between military and civilian regular sources of care for mammography in women over age 50 for example. The difference in percentage with a pap smear between military and civilian regular sources was less than 5 percent for active duty family members and younger retirees, survivors and their family members, and negligible for older retirees, survivors and family members. For first trimester prenatal care, contrasting patterns emerged with a higher percentage of active duty family members with a civilian regular source, and a higher percentage of younger retirees, survivors, and their family members with a military regular source, reporting such care.

Using an Emergency Room When Unable to Make an Appointment. One area where there are large differences between a military versus civilian regular source of care is in using an emergency room when unable to make an appointment. Those with a military regular source of care are much more likely to do so. For active duty family members for example, 45 percent of those with a military regular source reported using an emergency room when unable to make an appointment compared with only 20 percent with a civilian regular source. Similar differentials occur for retirees, survivors and their family members of all ages. Whether this pattern reflects greater barriers to needed care among those relying on a military regular source of care, or greater ease of access to emergency care compared to those relying on civilian sources of care, or both, cannot be determined from these data. As a result, it is not clear to what extent these patterns

reflect real hardship for DoD beneficiaries, and to what extent they reflect a view of emergency room care as an accepted, legitimate alternative route to speedy medical attention.

Table 3a Access to Health Care: Outcome Measures By Location (download is not available)

Table 3b Access to Health Care: Outcome Measures - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Location

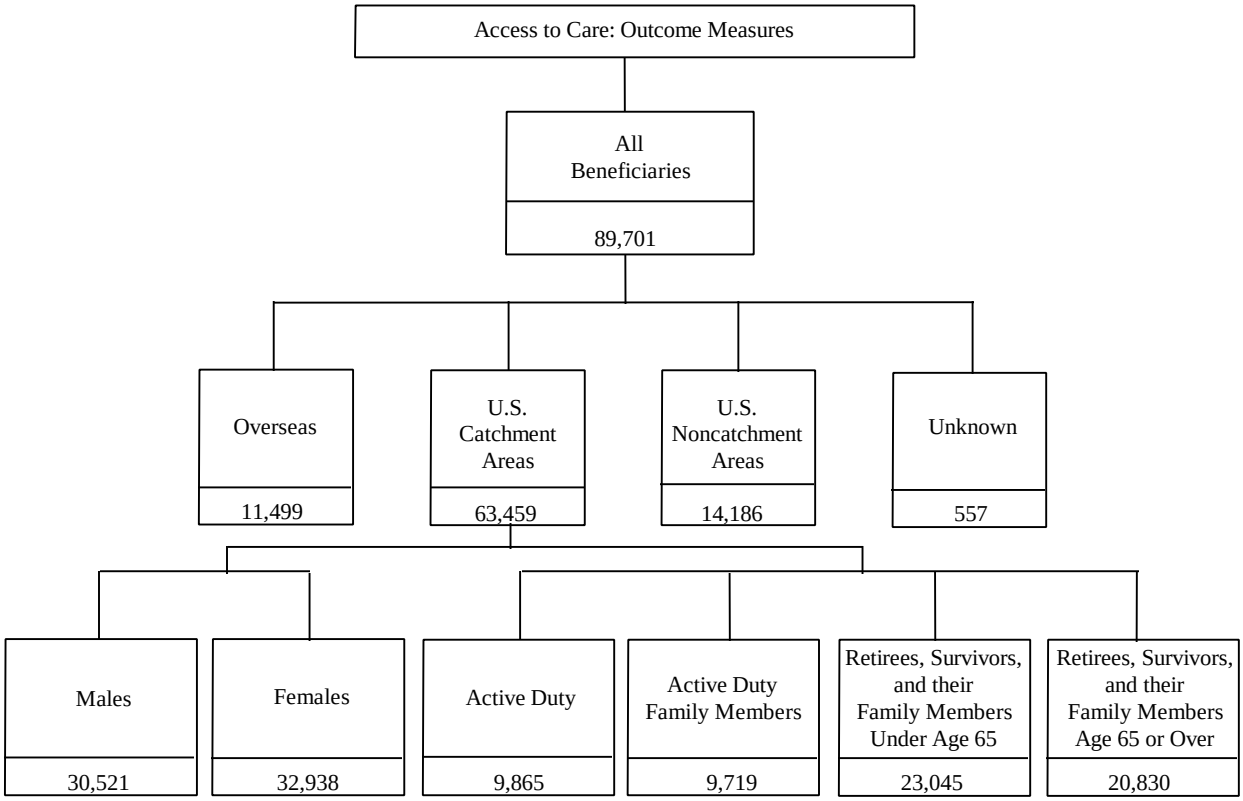

Figure 4. Access to Health Care: Outcome measures - Beneficiaries in U.S. catchment areas by gender and beneficiary type

Table 4a Access to Health Care: Outcome Measures By Gender and Beneficiary Type

Table 4b Access to Health Care: Outcome Measures - Beneficiaries in U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Gender and Beneficiary Type

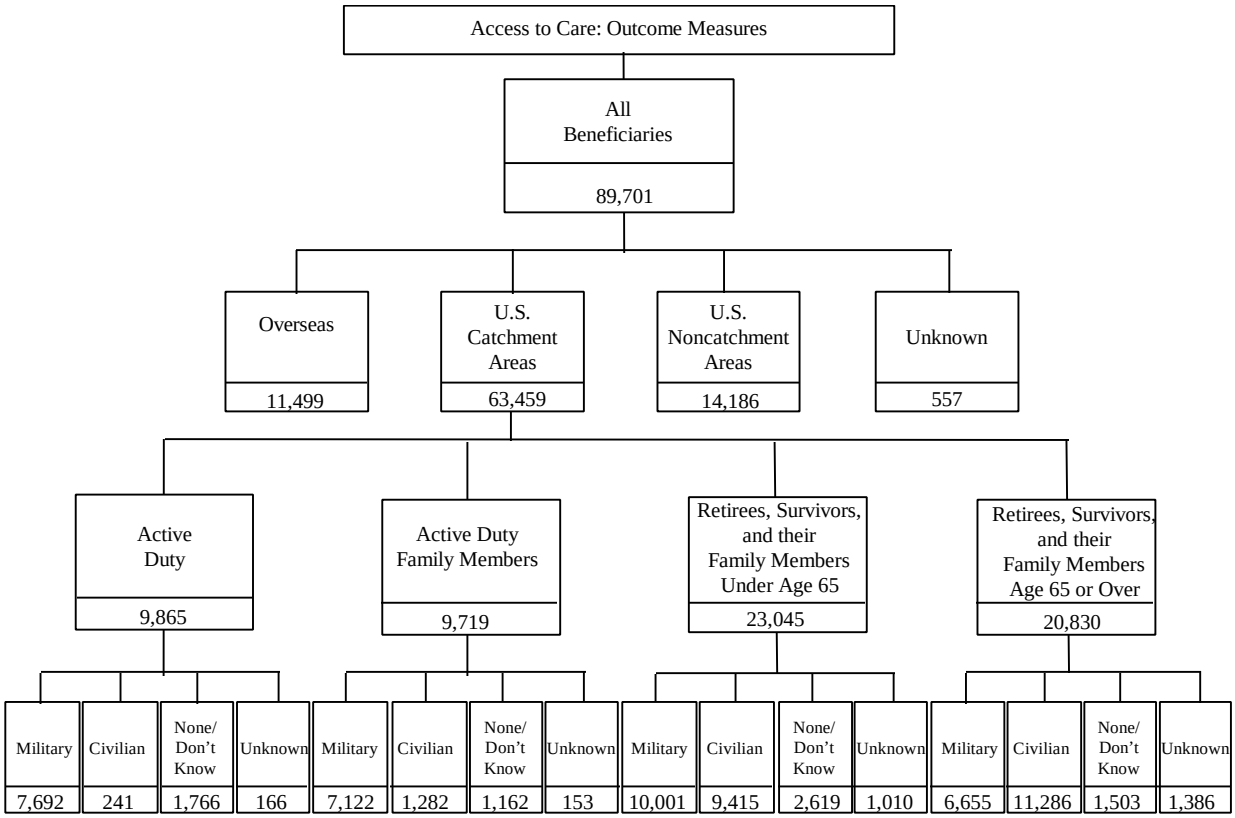

Figure 5. Access to Health Care: Outcome measures - Beneficiaries in U.S. catchment areas by beneficiary type and regular source of care

Table 5a Access to Health Care: Outcome Measures By Beneficiary Type and Regular Source of Care

Table 5b Access to Health Care: Outcome Measures - Beneficiaries in U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

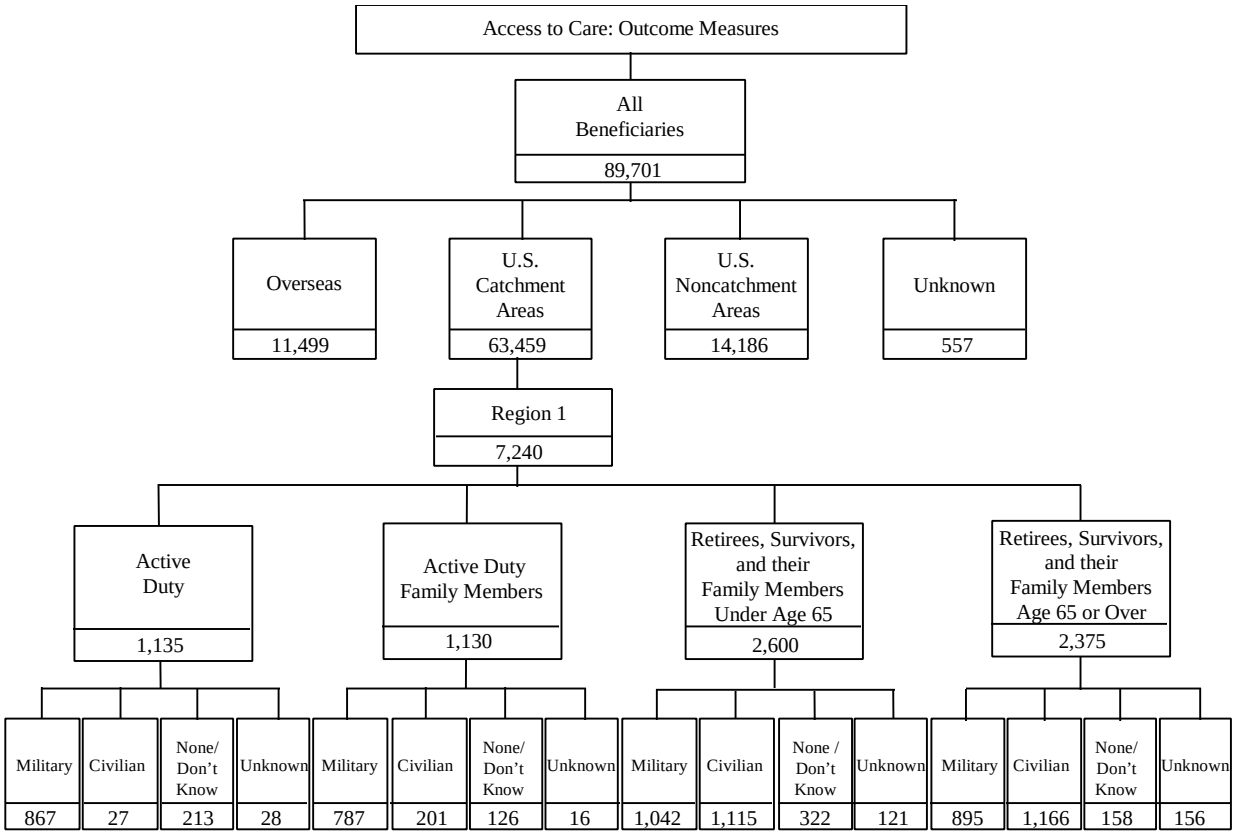

Figure 6. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 1, Northeast, by beneficiary type and regular source of care

Beneficiaries Access to Health Care: Outcome Measures by Region

Tables 6a to 18a present the outcome measures for beneficiaries in U.S. catchment areas. Each table presents, for each region, the information by beneficiary type and regular source of care.

At the regional level it is sometimes difficult to make comparisons on outcomes measures within beneficiary groups and by regular source of care because cell sizes are small. This is particularly true for active duty personnel and their family members. Retirees, survivors and their family members (both the under 65 year age group and the group of persons 65 and older) represent a larger proportion of beneficiaries, however, and provide a basis for comparisons across regions, and between regions and the overall population. The discussion of outcomes by region will focus on these 2 beneficiary groups and selected measures (physical in past 12 months, dental exam, smoking counseling in past 12 months, pap smear in past 12 months, mammography in past 12 months in women age 50 or over, used emergency room when unable to make appointment) as a way of illustrating variation in outcomes by region.

Physical Examination in the Past 12 Months. Overall, 31 percent of retirees, survivors and their family members under 65 with no regular source of care had a physical examination in the past 12 months. This ranged by region from 24 percent in Region 7 (Desert States) to 37 percent in Region 1 (Northeast), but those without a regular source of care were consistently less

likely to have had a physical. A similar pattern is observed among retirees, survivors and their family members 65 or older. While half of those with no regular source of care in this older group did have a physical (53% in Table 5a), regional variation was from a low of 34 percent (Region 2 - Mid-Atlantic) to a high of 60 percent (Region 7 - Desert States).

A higher percentage of retirees, survivors and their family members obtained a physical exam if their regular source of care was civilian as opposed to military (63 percent vs. 47 percent for those under age 65; 80 percent vs. 64 percent for those age 65 or older). This pattern also persisted across the regions.

Smoking Counseling in Past 12 Months (Current Smokers). Among current smokers with no regular source of care, 12 percent of retirees, survivors and their family members under age 65 reported receiving counseling about smoking; 16 percent of those 65 and over reported counseling. For beneficiaries with no regular source of care, percentages by region never rose above 20 percent, with fewer than 10 percent reporting counseling in Regions 1 (Northeast), 6 (Southwest), and 11 (Northwest). The lowest percentages reporting counseling were among elderly retirees, survivors and their family members with no regular source of care, at or below 5 percent in Regions 2 (Mid-Atlantic) and 11 (Northwest), below 10 percent in Regions 5 (Heartland) and 10 (Golden Gate).

In general, a higher percentage of retirees, survivors and their family members with civilian as opposed to military regular sources of care reported receiving smoking counseling. In Regions 4 (Gulfsouth) and 5 (Heartland), for example, only a quarter of younger retirees, survivors, and their family members reported receiving smoking counseling if their regular source of care was military, compared to about two-fifths for civilian sources of care.

Advice on Healthy Living From Health Care Provider in Past 12 Months. The absence of a regular source of care greatly reduces the percentage of beneficiaries who report receiving advice on healthy living across all the regions. For younger retirees, survivors and their family members, percentages ranged between 25 percent and 30 percent (in all but four regions), compared with 50 percent or more receiving such advice if they reported a regular source of care. Although a higher percentage of older retirees, survivors and family received advice when they had no regular source of care (around half in most regions, closer to 40 percent in Regions 3 and 4), among those with a regular source of care percentages reporting advice were almost always greater than 60 percent and frequently near 70 percent. The pattern of a higher percentage of beneficiaries reporting advice on healthy living if their regular source of care is civilian as opposed to military holds across the regions, as well.

Dental Care. Unlike other services, there is no difference in the percentage reporting a dental exam in the past 12 months between retirees, survivors, and their family members with a military regular source of care and those with no regular source of care. Individuals with a civilian regular source of care are more likely than either of these groups, however, to have had a dental exam. Both of these patterns persist across the regions. (For active duty family members where overall those with no regular source of care were less likely to have had a dental exam,

differences cannot be detected at the regional level among these three groups except in a few instances, e.g. Region 6).

Pap Smear in Past 12 Months and Mammography in Past 12 Months for Women Age 50 or Older. For women's health services, the absence of a regular source of care greatly reduces the percentage reporting they received a pap smear, or among those 50 or older, a mammogram in the past 12 months. For retirees, survivors and their family members of all ages, around 45 percent with no regular source of care received a pap smear compared to about 60 percent of those with a military or civilian regular source of care. In some regions, among those with no usual source of care, the percentage drops below 45 percent (for retirees, survivors and family members regular age 65, in Regions 5, 7, and 10; for those 65 or older in Regions 2, 3, 4, 5, 6, and 12). Similarly, the percentage of women receiving a mammography among those age 50 or over was 44 percent among younger retirees, survivors and family with no regular source of care, and 50 percent among those 65 or older. By region, a lower percentage of those with no regular source of care reported a mammogram among women 50 or older as well – fewer than 30 percent for both younger and older retirees, survivors and their family members in Regions 2, 4, and 12, and for the younger group, in addition, in Regions 5 and 7. Unlike preventive services and care to promote better health habits, however, differences between civilian and military regular sources of care in providing pap smears and mammogram to women over 50, appear to be small and nonsignificant for retirees, survivors and their family members overall and across the regions.

Used Emergency Room When Unable to Make Appointment. Among all DoD beneficiaries, with the exception of active duty personnel, a higher percentage of those with a military regular source of care used an emergency room when unable to make an appointment, than was true for those with a civilian or no regular source of care. Since use of an emergency room is a somewhat rare event, many of the percentages at the regional level are based on cell sizes that are too small to permit comparison. Nonetheless, percentages for those with military regular sources of care resorting to emergency rooms are consistently higher across the regions than for those with civilian sources of care among retirees, survivors and their family members, suggesting this pattern holds in many regions. For younger retirees, survivors and their family members, for example, in Region 5 (Heartland), 41 percent of those with a military regular source of care and 28 percent of those with a civilian regular source reported using the emergency room in these circumstances, in Region 4 (Gulfsouth) the percentages were 37 percent and 22 percent respectively.

Table 6a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 1, Northeast

Table 6b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 1, Northeast - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

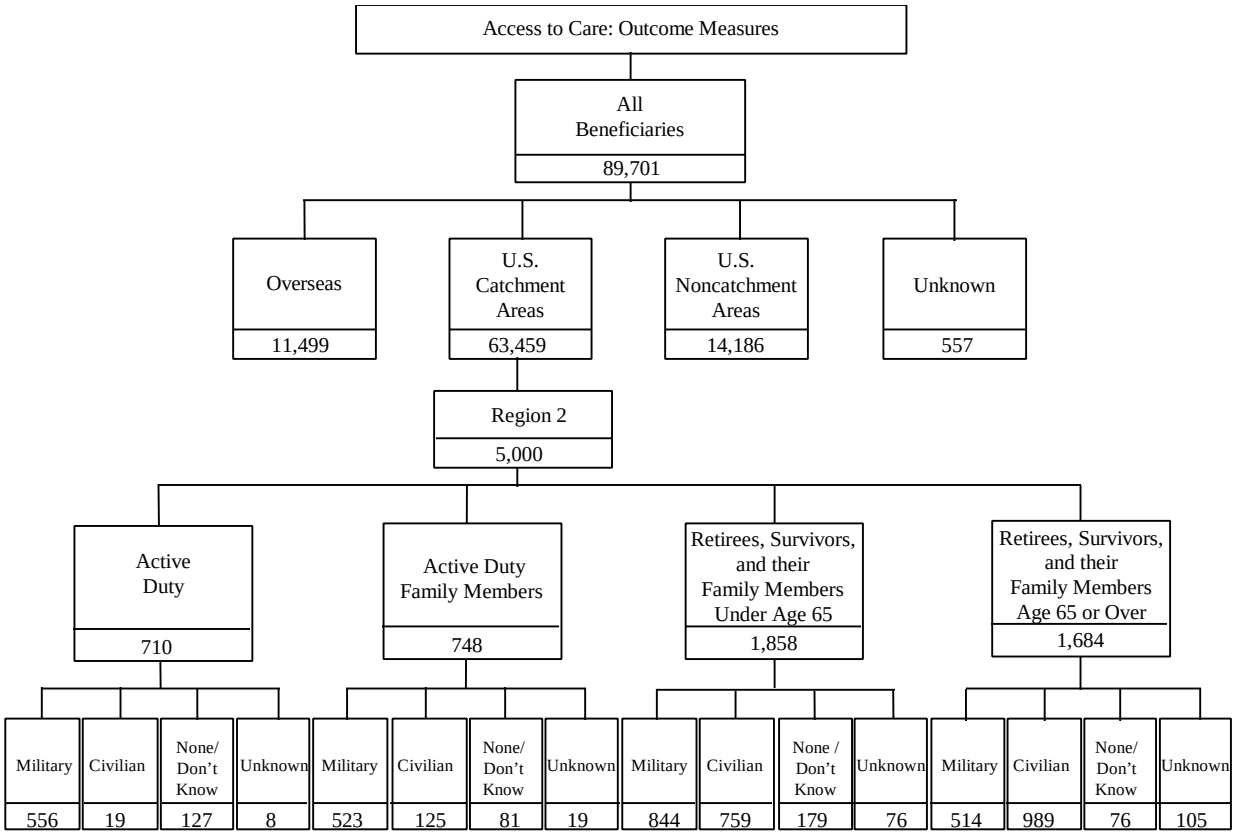

Figure 7. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 2, Mid-Atlantic, by beneficiary type and regular source of care

Table 7a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic

Table 7b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 2, Mid-Atlantic - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

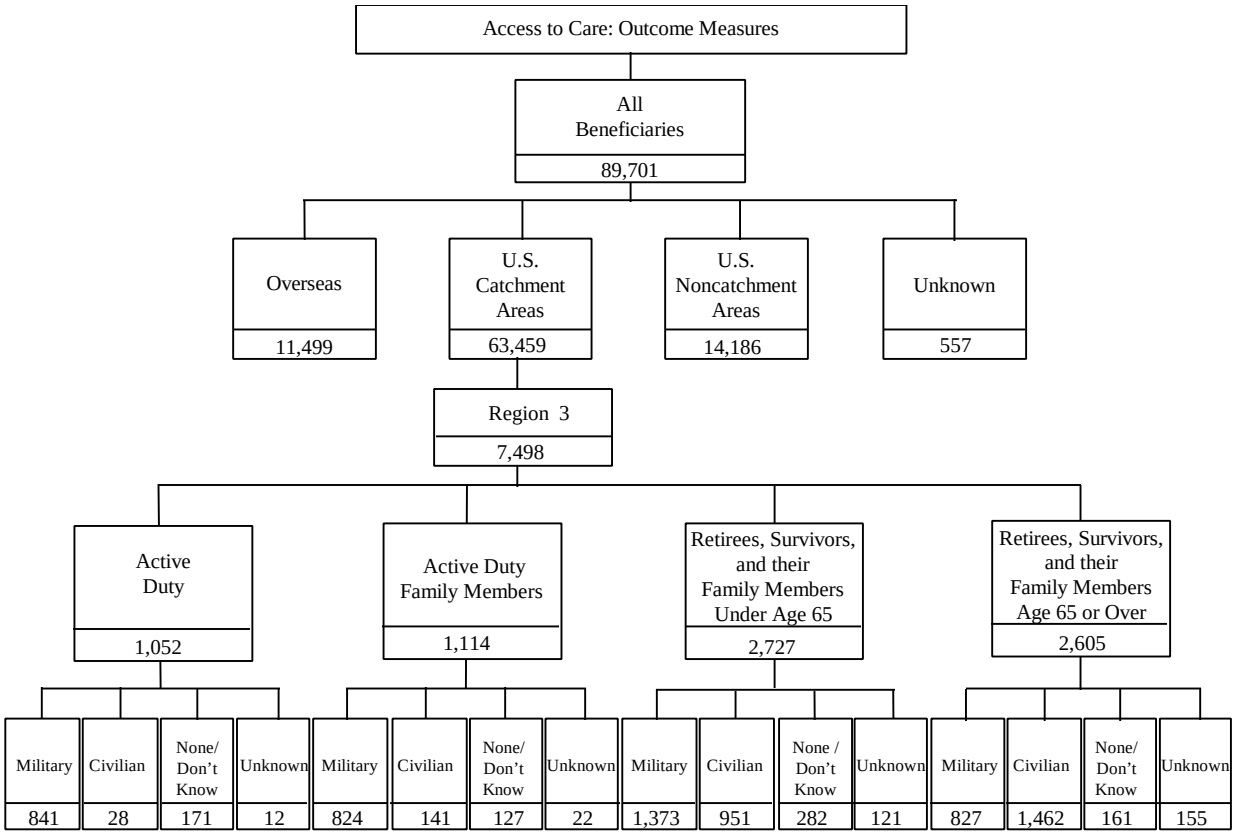

Figure 8. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 3, Southeast, by beneficiary type and regular source of care

Table 8a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 3, Southeast

Table 8b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 3, Southeast - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

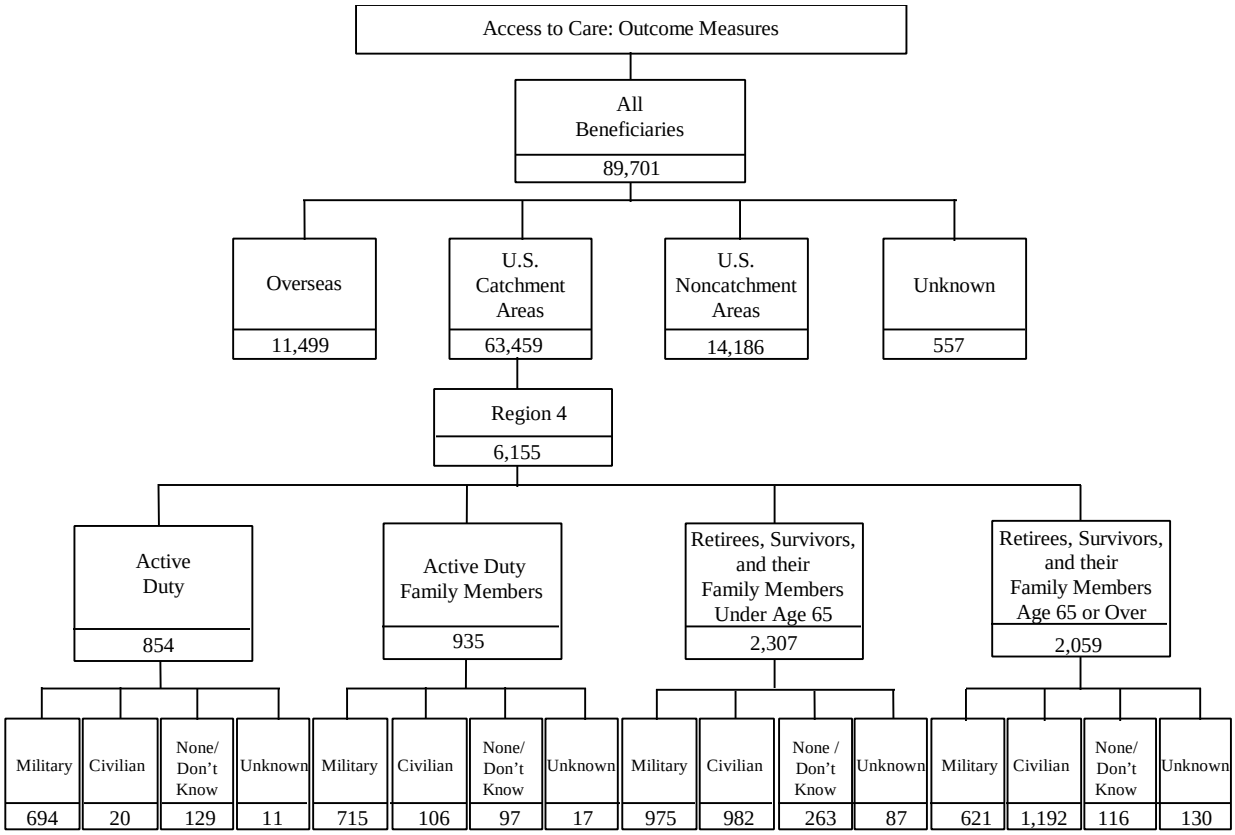

Figure 9. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 4, Gulfsouth, by beneficiary type and regular source of care

Table 9a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 4, Gulfsouth

Table 9b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 4, Gulfsouth - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

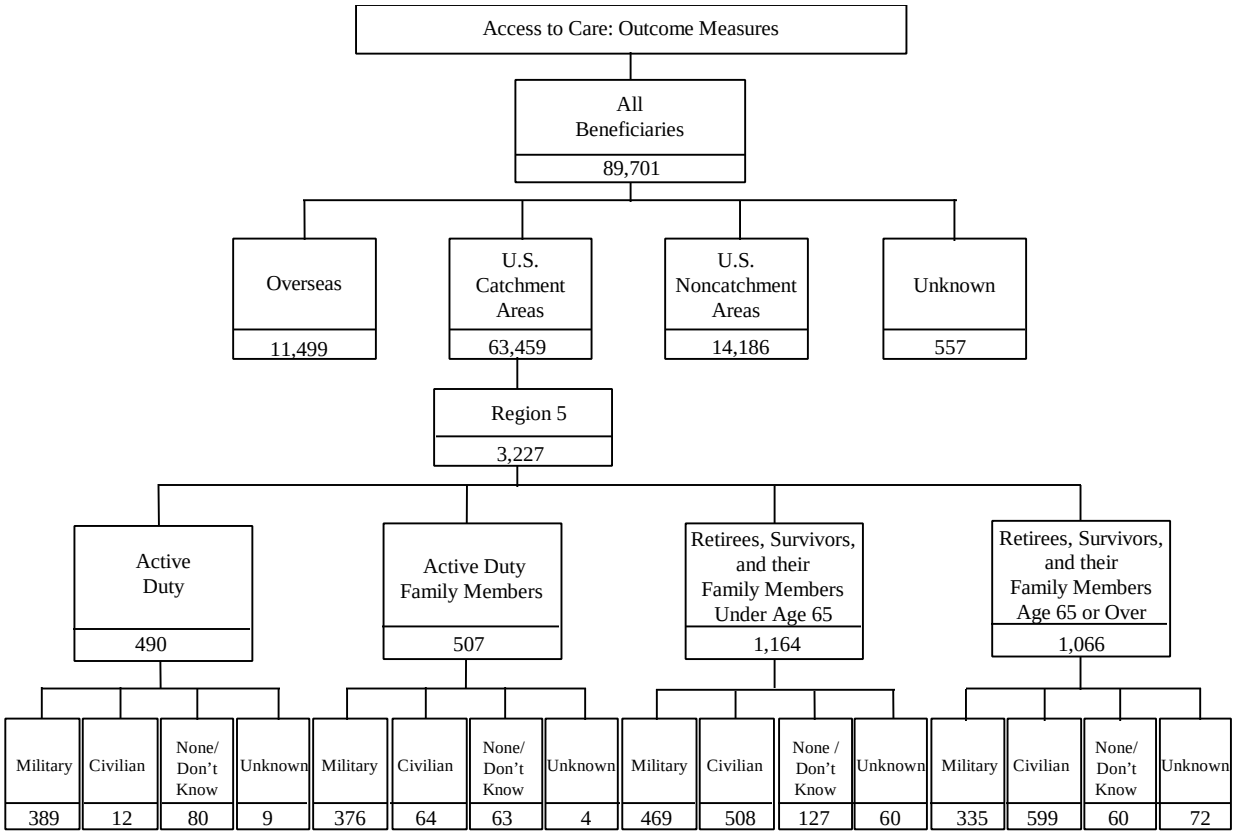

Figure 10. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 5, Heartland, by beneficiary type and regular source of care

Table 10a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 5, Heartland

Table 10b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 5, Heartland - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

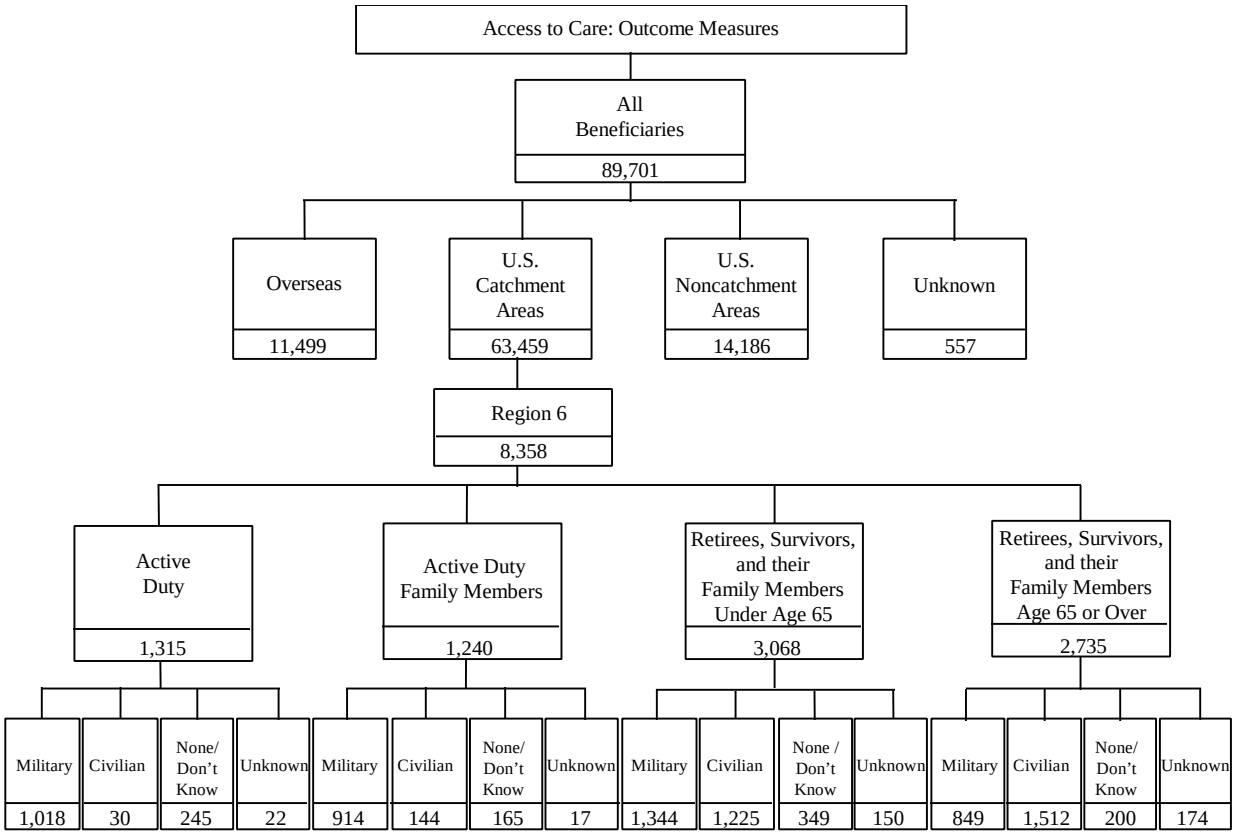

Figure 11. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 6, Southwest, by beneficiary type and regular source of care

Table 11a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 6, Southwest

Table 11b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 6, Southwest - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

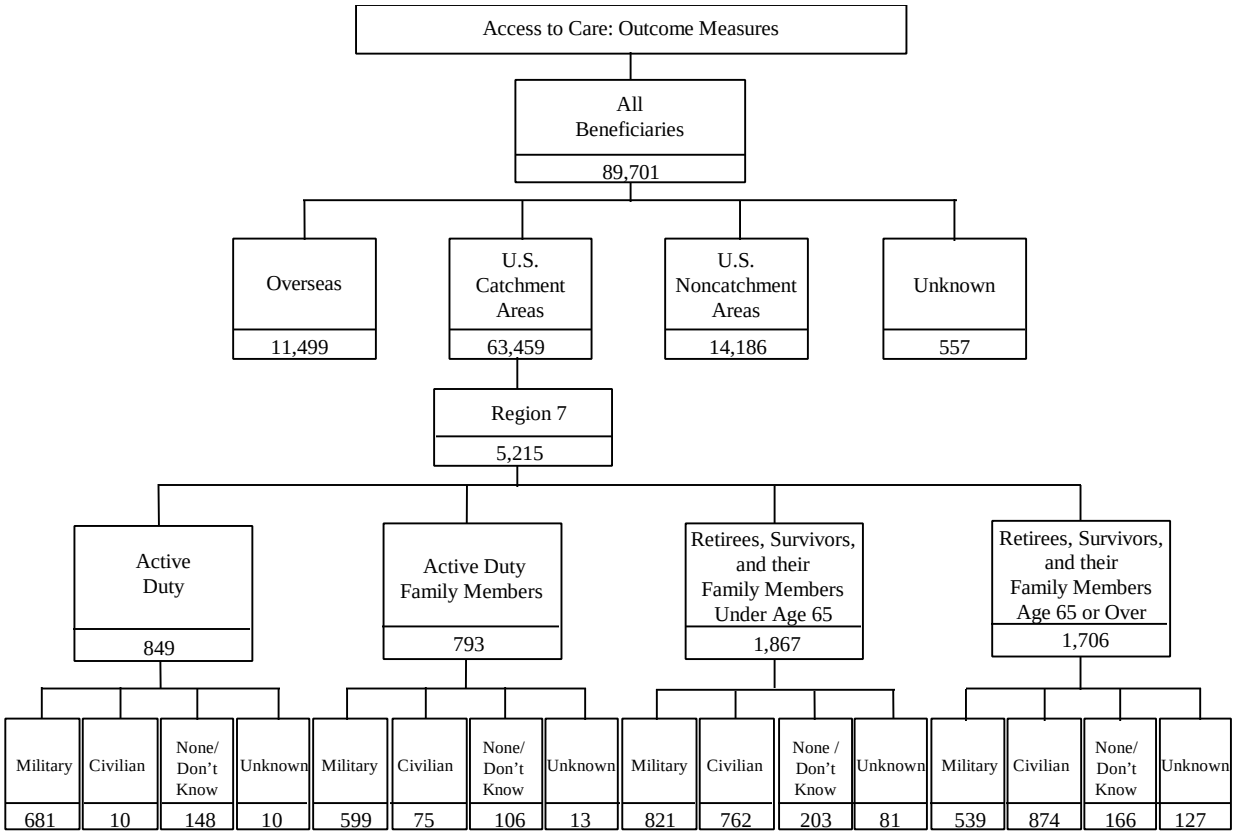

Figure 12. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 7, Desert States, by beneficiary type and regular source of care

Table 12a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 7, Desert States

Table 12b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 7, Desert States - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

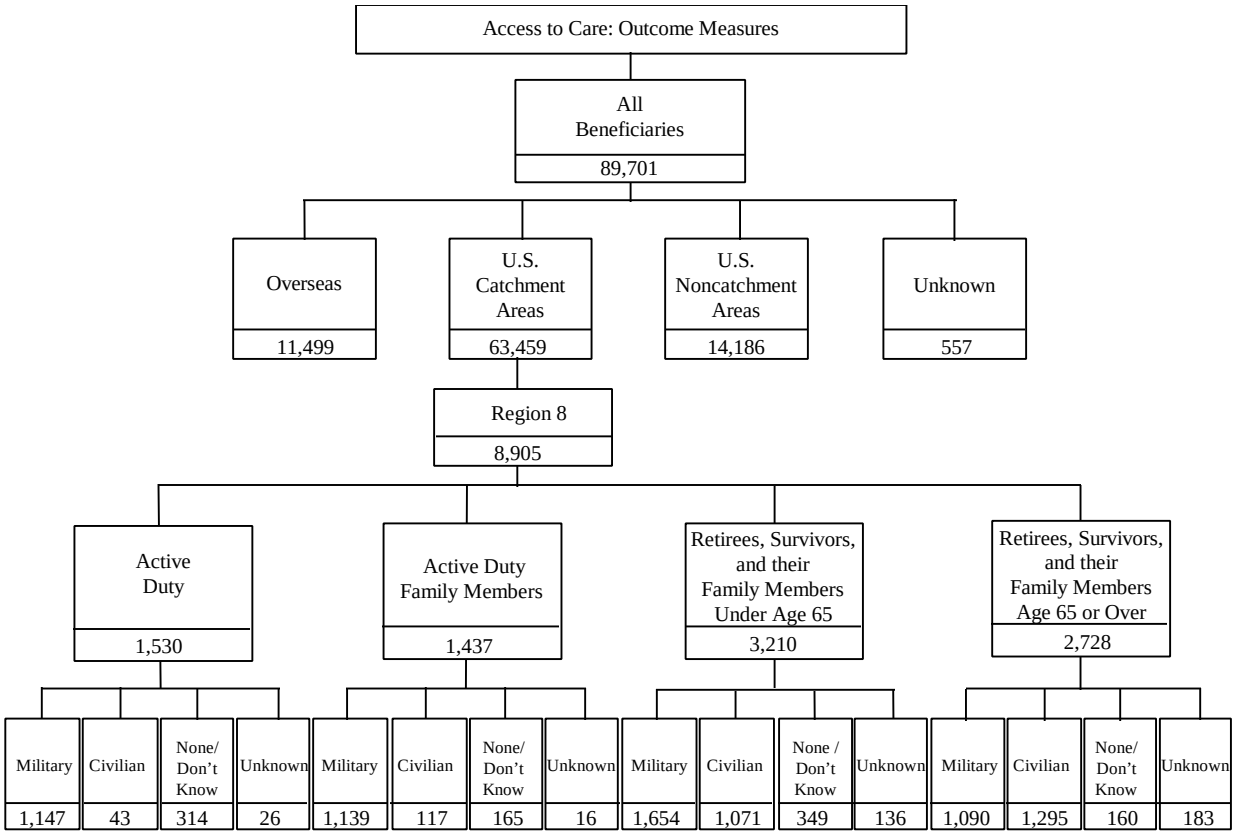

Figure 13. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 8, North Central, by beneficiary type and regular source of care

Table 13a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 8, North Central

Table 13b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 8, North Central - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

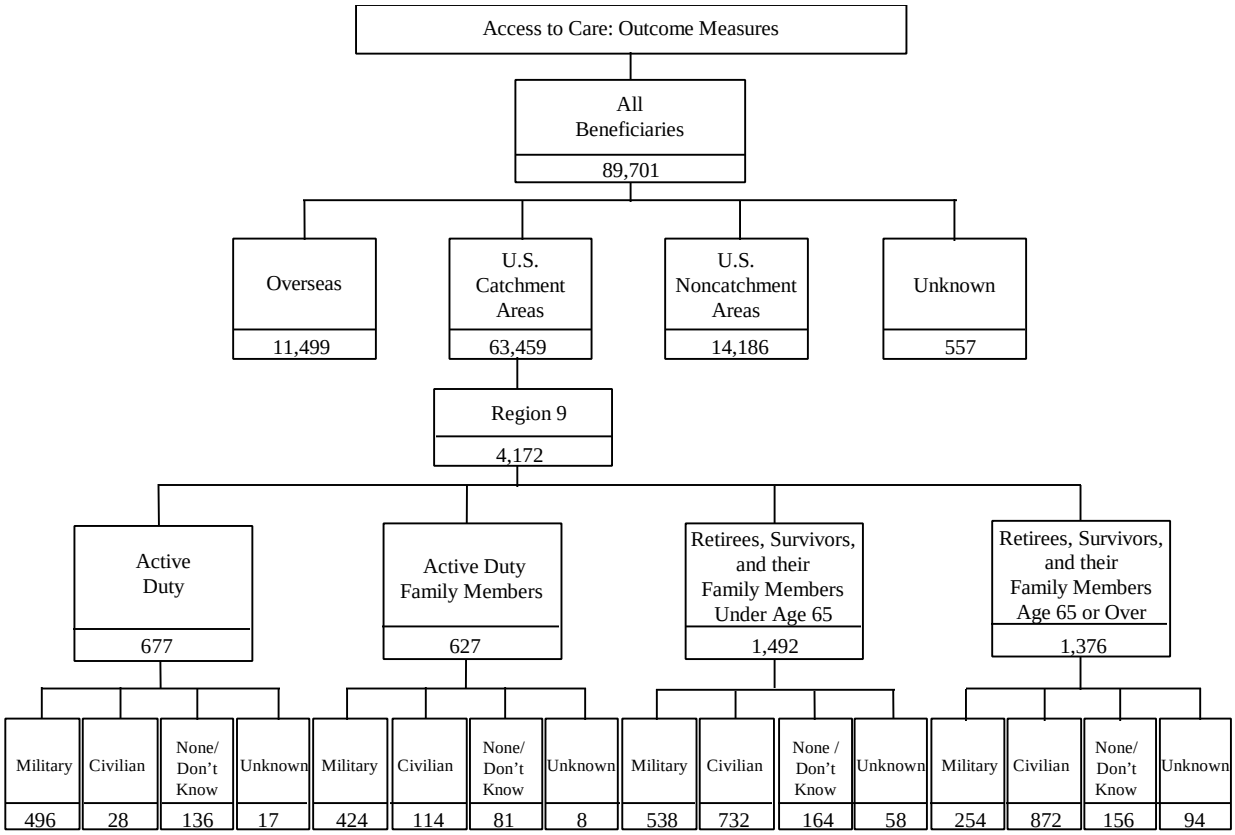

Figure 14. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 9, Southern California, by beneficiary type and regular source of care

Table 14a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 9, Southern California

Table 14b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 9, Southern California - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of care

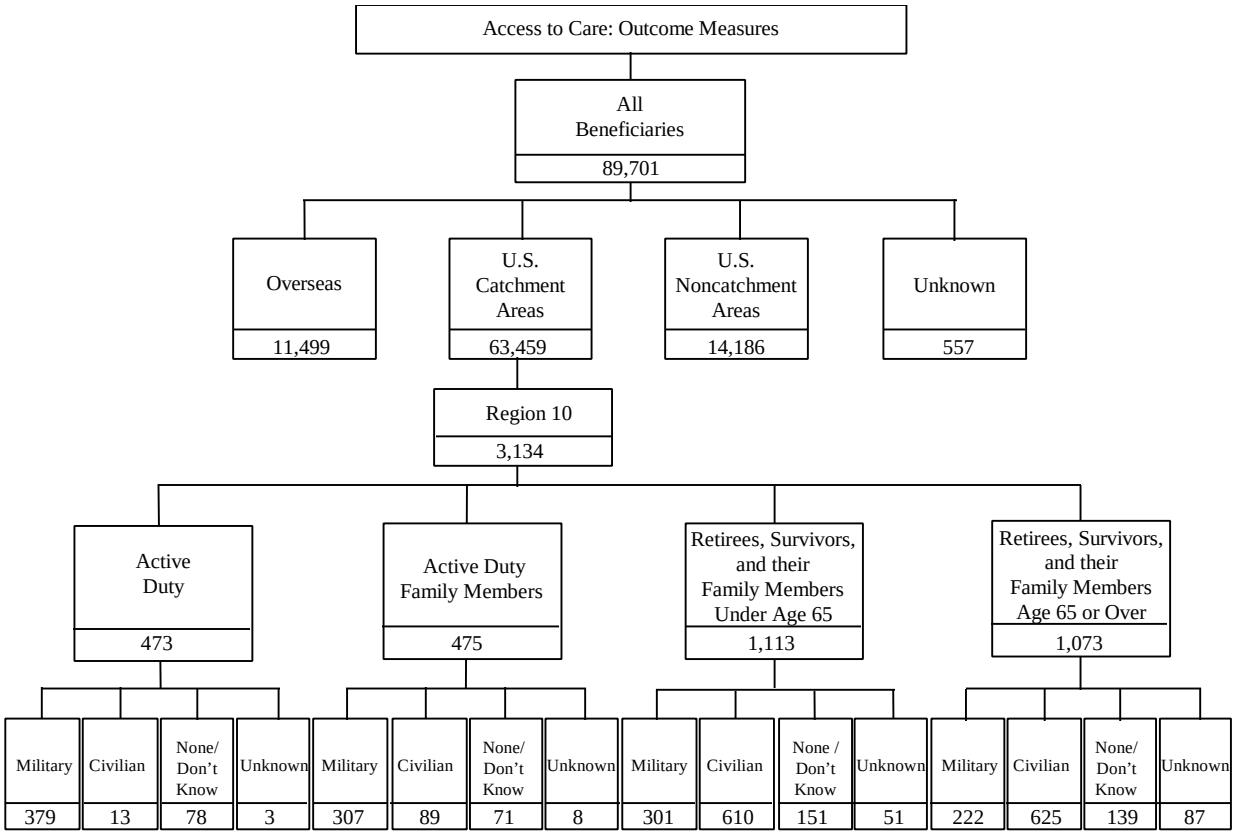

Figure 15. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 10, Golden Gate, by beneficiary type and regular source of care

Table 15a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 10, Golden Gate

Table 15b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 10, Golden Gate - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

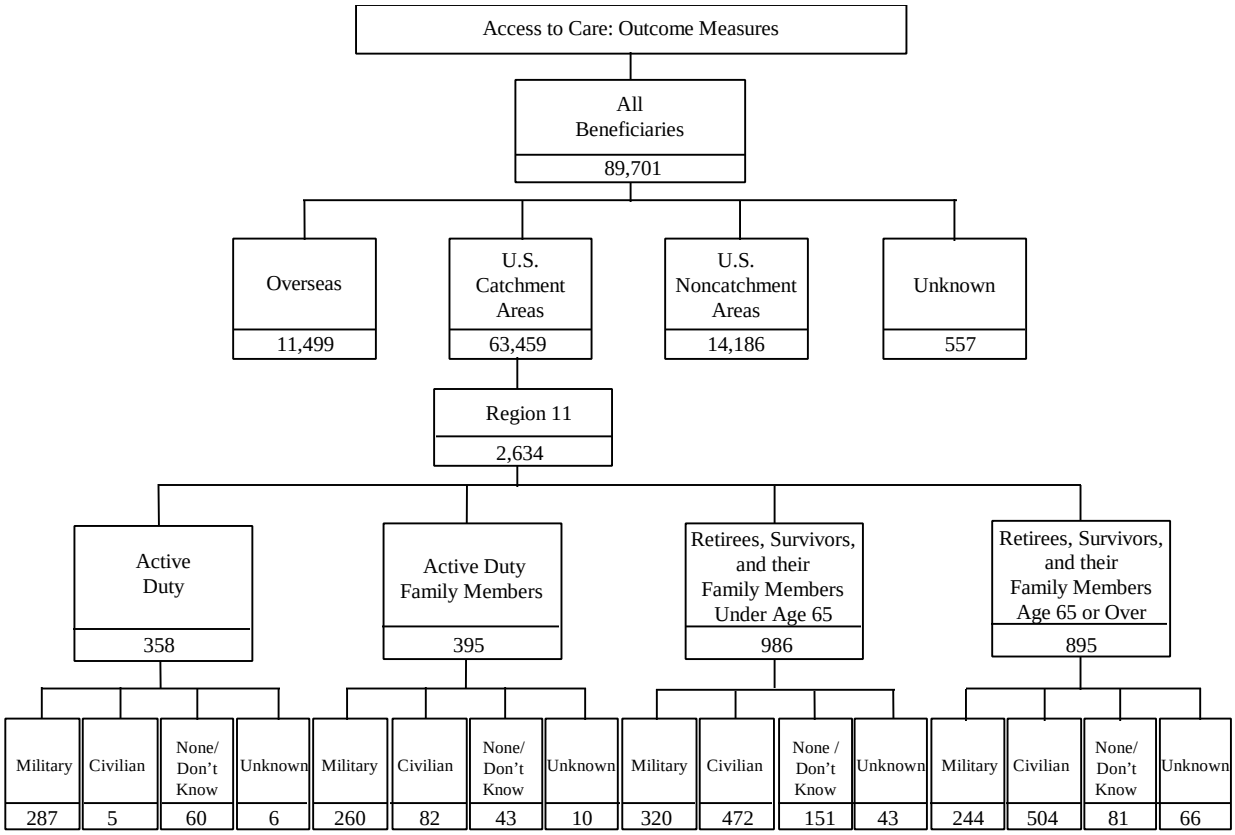

Figure 16. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 11, Northwest, by beneficiary type and regular source of care

Table 16a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 11, Northwest

Table 16b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 11, Northwest - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

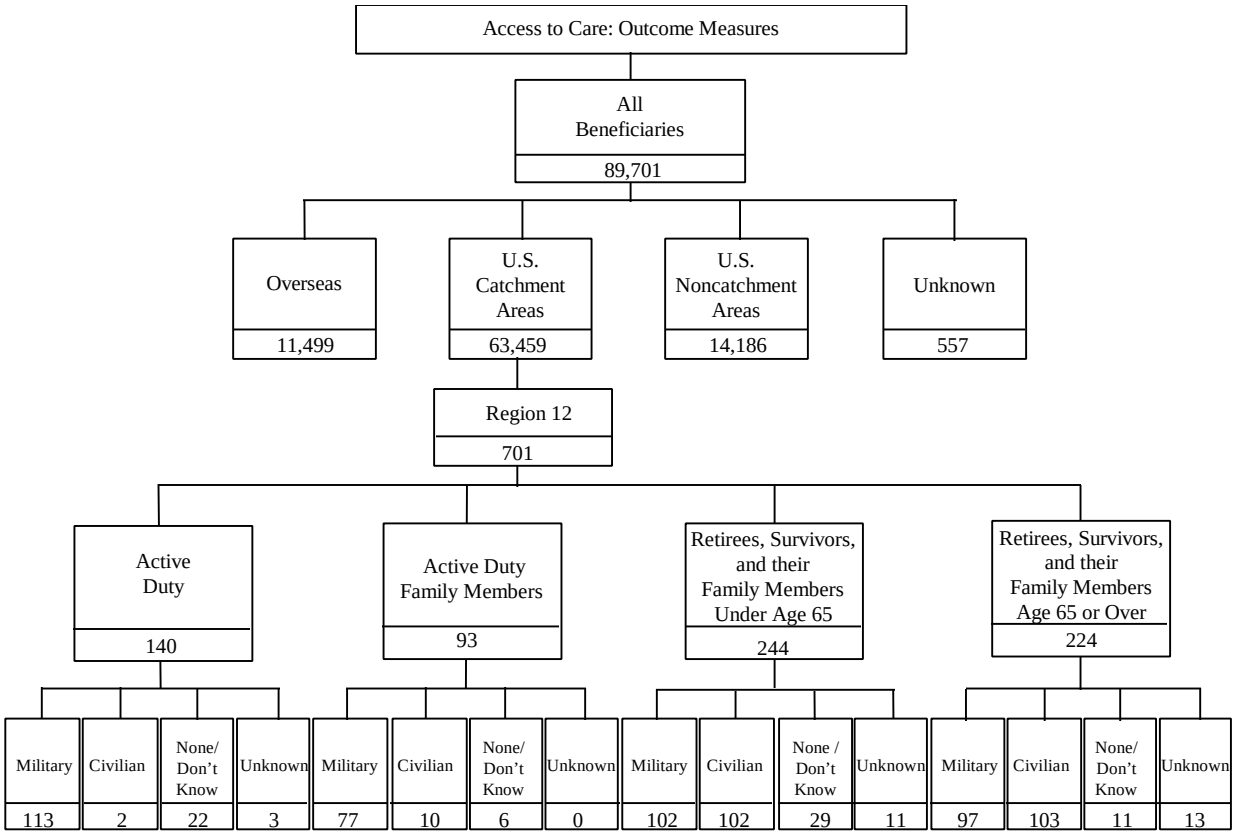

Figure 17. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Region 12, Hawaii Pacific, by beneficiary type and regular source of care

Table 17a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific

Table 17b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Region 12, Hawaii Pacific - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

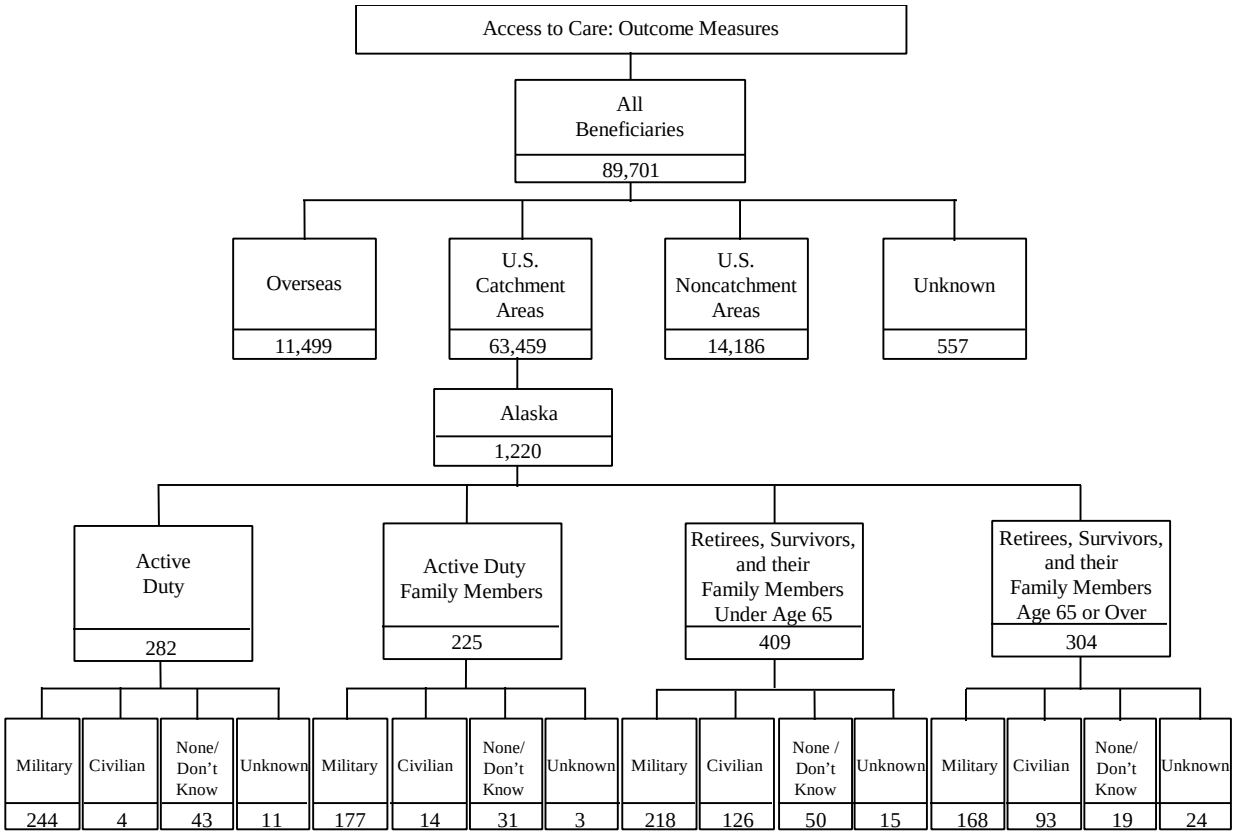

Figure 18. Access to Health Care: Outcome measures - Beneficiaries in catchment areas in Alaska by beneficiary type and regular source of care

Table 18a Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Alaska

Table 18b Access to Health Care: Outcome Measures - Beneficiaries in Catchment Areas in Alaska - Unweighted and Effective Sample Sizes of Beneficiaries Obtaining Preventive and Prenatal Care and Emergency Room Use By Beneficiary Type and Regular Source of Care

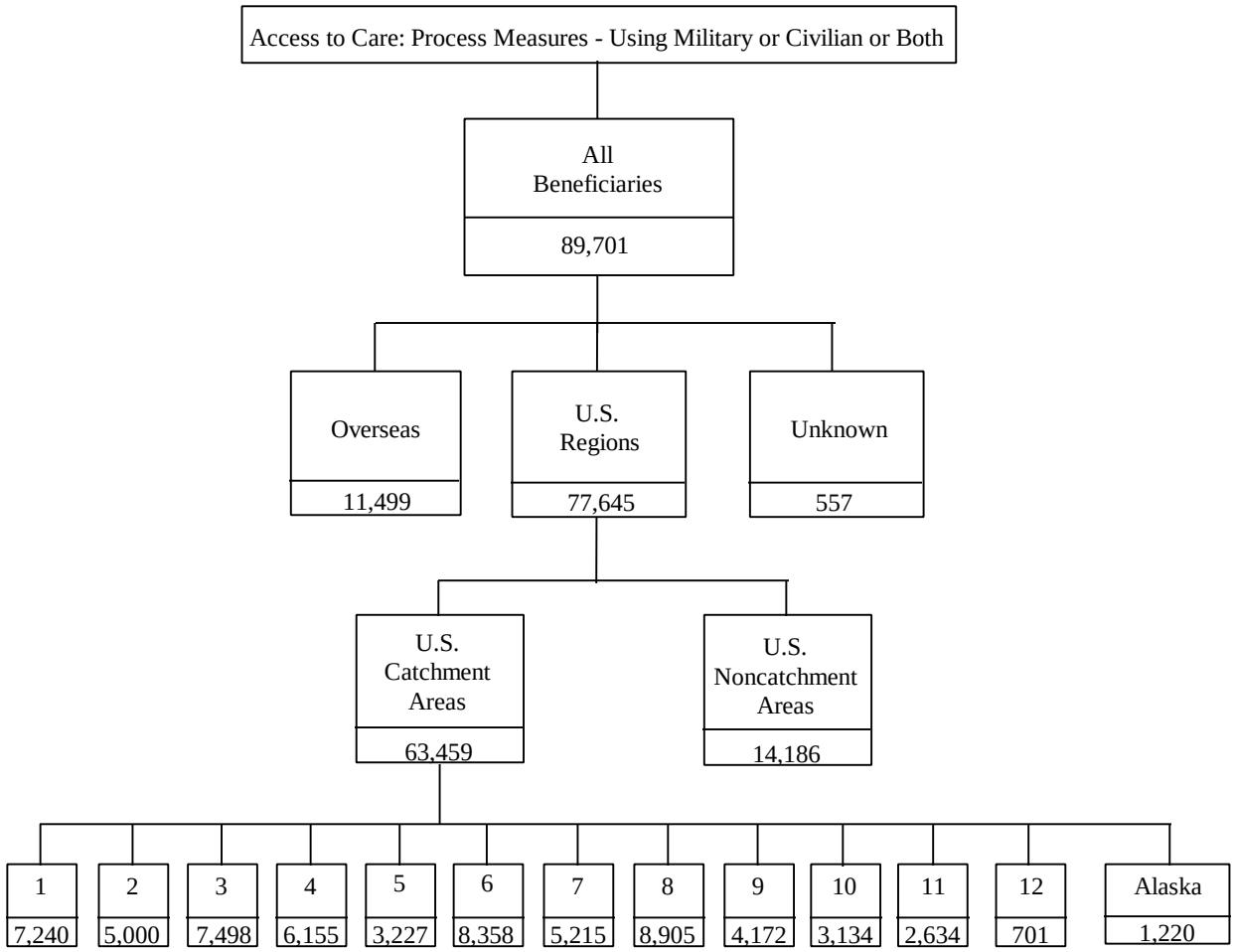

Figure 19. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months

Beneficiaries' Access to Health Care: Process Measures

This section presents an analysis of the process measures for access to health care. The analysis is done in sets, with the first table in each set presenting the process measures for beneficiaries who have used military or civilian care or both in the last 12 months, and the second table in the set presenting the information for those beneficiaries who used both military and civilian care in the last 12 months. The second table allows a comparison of access between the military health care system and the civilian health care system based on beneficiaries with experience in both. The process measures generally address convenience (travel time to care and waiting time at a medical facility) and ease of access to health care (1 to 2 phone calls for an appointment and waiting time for appointments of various types--urgent care, minor illness, routine/preventive care, chronic/ongoing condition).

Beneficiaries' Access to Health Care: Process Measures by Geographic Location

Table 19a shows a higher percentage of DoD beneficiaries using civilian providers in the past 12 months indicated onsite waiting time and travel time of under 30 minutes, and that an

appointment can be had in 1 or 2 phone calls than for those using military care providers (for example, 72 percent using a civilian source indicated 1 to 2 calls for an appointment compared to 46 percent using a military source of care). The percentages do not change appreciably when only beneficiaries who used both military and civilian sources of care are considered, with the exception of an even lower percentage reporting travel time of less than 30 minutes to a military facility (see Table 20a). Very high percentages, generally at or above 90 percent, report being able to arrange an appointment for various types of care within the time frames specified, based on all beneficiaries and considering only those with experience in both systems of care. Only for obtaining an appointment for a minor illness in 3 days or less, is the percentage lower – at 84 percent for beneficiaries using military sources of care, and 80 percent for those using military sources of care but with experience with both (Tables 19a and 20a, respectively).

There is little variation among the three main geographic groupings, with the exception that only about half of those in U.S. noncatchment areas are able to travel to a military medical facility in less than 30 minutes compared to three-quarters of those in the U.S. catchment area or overseas. Within each group a higher percentage of those using a civilian source of care report making an appointment in 1 to 2 phone calls, waiting less than 30 minutes at a medical facility, and traveling less than 30 minutes to reach care. Among those with experience with both military and civilian sources of care, these relationships hold. Within the three geographic groupings, as for the overall DoD population, percentages reporting they are able to obtain various types of appointments within the specified time exceed 90 percent with the exception of appointments within 3 days for minor illness. Among beneficiaries using both military and civilian sources of care, for example, the percentages were 79 percent for the U.S. catchment area, 80 percent for U.S. noncatchment areas, and 82 percent overseas.

Regional patterns in the U.S. catchment area generally reflect those already discussed. The percentage reporting an appointment can be had in 1 to 2 phone calls among those using military sources is lowest in Regions 2, 4, 6, and 12 where it is below 40 percent for those with experience with both systems of care. In Regions 2, 3, 6, and 9, fewer than 60 percent of these beneficiaries report waiting less than 30 minutes in a military medical facility. In all regions but one (Region 1), at least 65 percent report traveling less than 30 minutes to reach a military source of care.

Beneficiaries' Access to Health Care: Process Measures by Gender and Beneficiary Type

For both men and women (see Table 21a), a higher percentage of those using civilian sources of care in the past 12 months report greater ease in getting an appointment (close to three-quarters in 1 to 2 phone calls), and less waiting time in a medical facility and travel time to reach care (over four-fifths report less than 30 minutes waiting on site and less than 30 minutes traveling), than when using military sources. The experience of men and women using both types of care is similar (Table 22a). About 40 percent indicate an appointment can be had at a military source of care in 1 to 2 phone calls, and 60 percent report waiting 30 minutes or less in a military medical facility. Again, percentages obtaining an appointment in the specified number of days for various types of problems are generally at or above 90 percent for both men and women. For

men using both types of care, the percentages drop into the high 80's across all types of appointments at military sources of care as compared to civilian, however, and for women using both types, to 78 percent for military as opposed to civilian care in obtaining an appointment for a minor illness in 3 days or less.

Table 21a shows a higher percentage of persons in all four beneficiary types indicated they could arrange an appointment in 1 to 2 phone calls at civilian sources of care (71% to 75%) as opposed to military sources of care (40% to 50%). Similarly, a higher percentage using civilian care reported waiting less than 30 minutes, from 85 percent of active duty personnel and their family members to 83 percent of retirees, survivors and their family members (both under and over age 65). Both active duty personnel and their family members, however, reported no meaningful difference in travel time depending on whether they used a military or a civilian source of care. For example, 88 percent of active duty personnel indicated travel time of less than 30 minutes to military facility, compared to 84 percent of those using civilian source of care (83 percent and 88 percent respectively for active duty family members). Differences in travel time remain for retirees, survivors and their family members with a higher percentage reporting less than 30 minutes if they used a civilian source as opposed to a military source of care.

Differences among beneficiary types on waiting time for various types of appointments are minor, with the lowest percentages reported for obtaining an appointment in 3 days or less for minor illness among those with a military source of care. Retirees, survivors and their family members age 65 or over might be expected to experience more chronic disease than other beneficiary groups. While the percentage able to obtain an appointment within 30 days for chronic or ongoing conditions using a military source of care is high (87 percent for those making use of both military and civilian sources of care), 13 percent indicated they could not. This compares with only 6 percent for those using a civilian care.

Table 19a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months By Location and Type of Facility

Page 2

Table 19b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Location and Type of Facility

Page 2

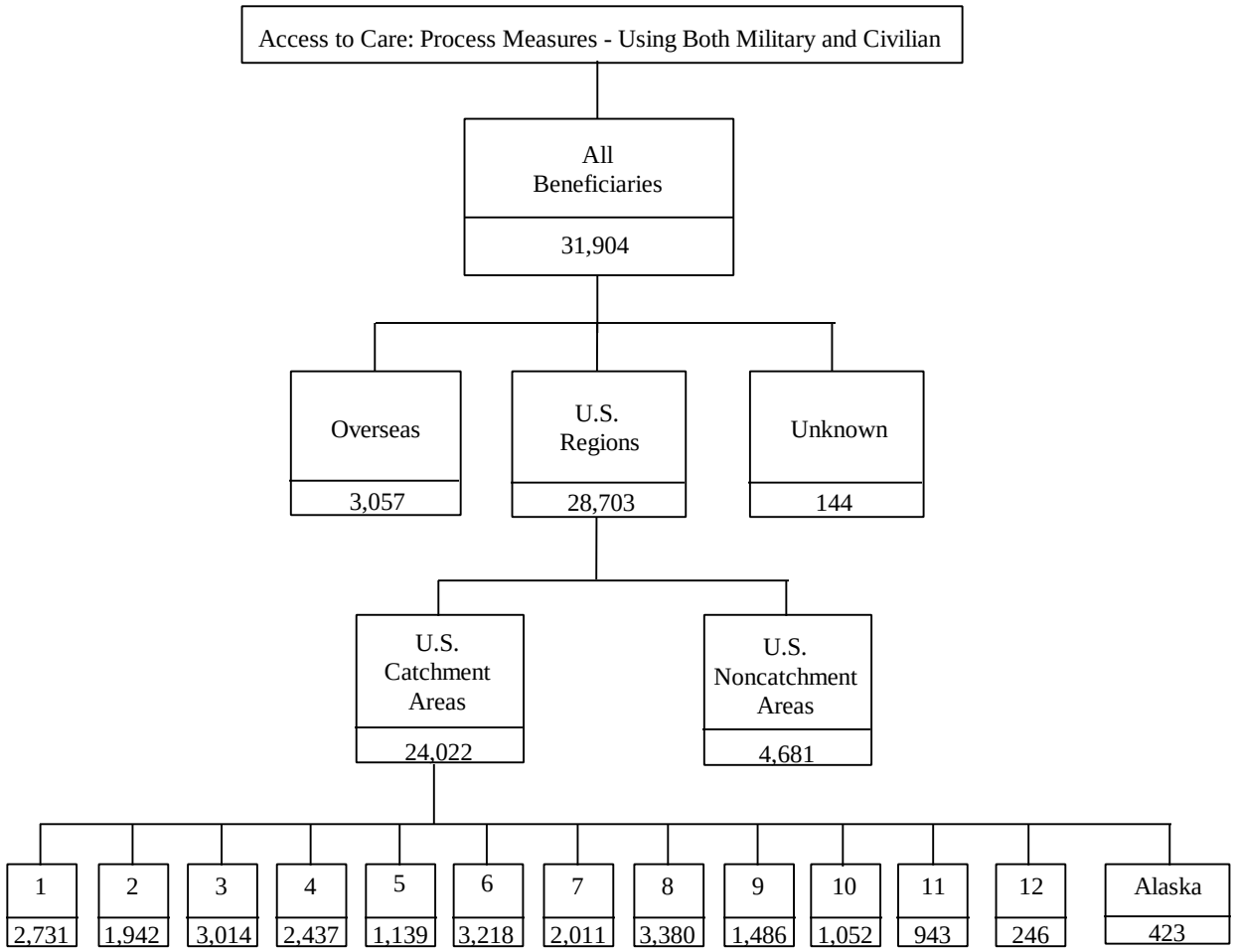

Figure 20. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months

Table 20a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months By Location and Type of Facility

Page 2

Table 20b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Location and Type of Facility

Page 2

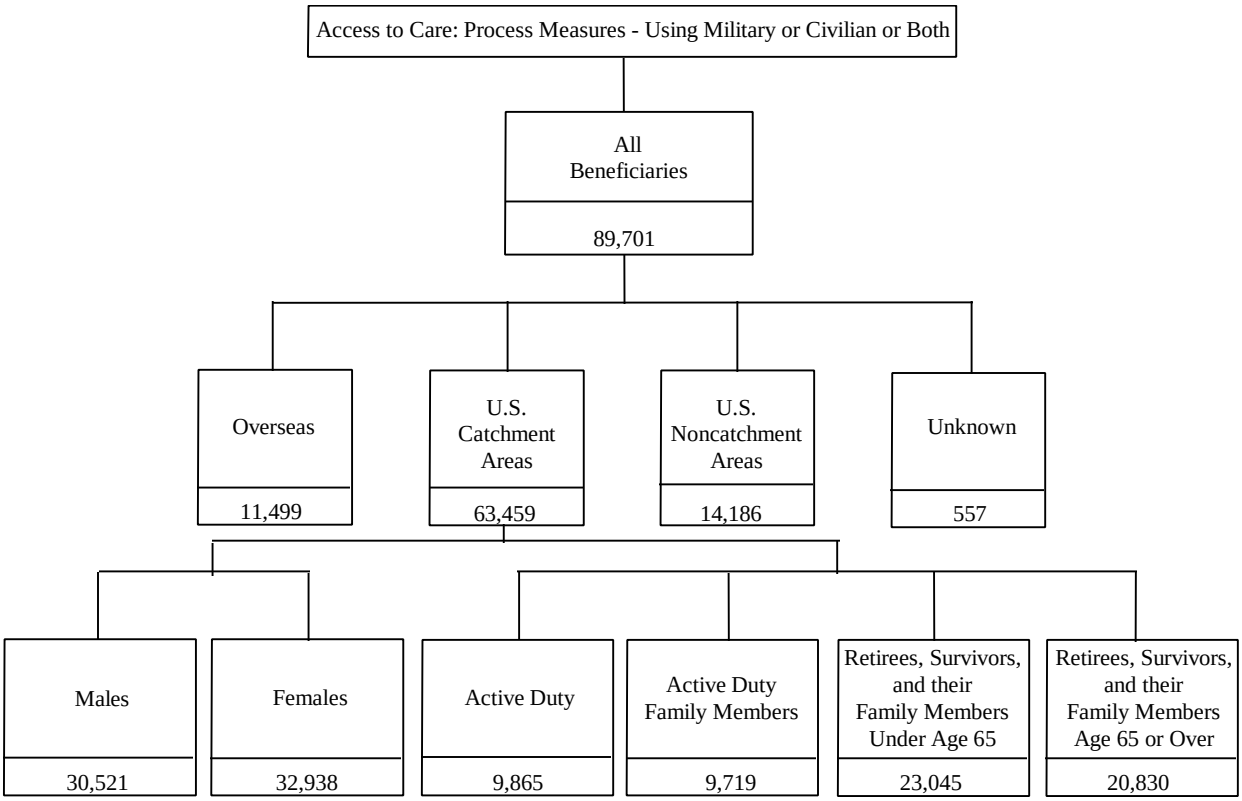

Figure 21. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in U.S. catchment areas by gender, beneficiary type, and type of facility

Table 21a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in U.S. Catchment Areas By Gender, Beneficiary Type, and Type of Facility

Table 21b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Gender, Beneficiary Type, and Type of Facility

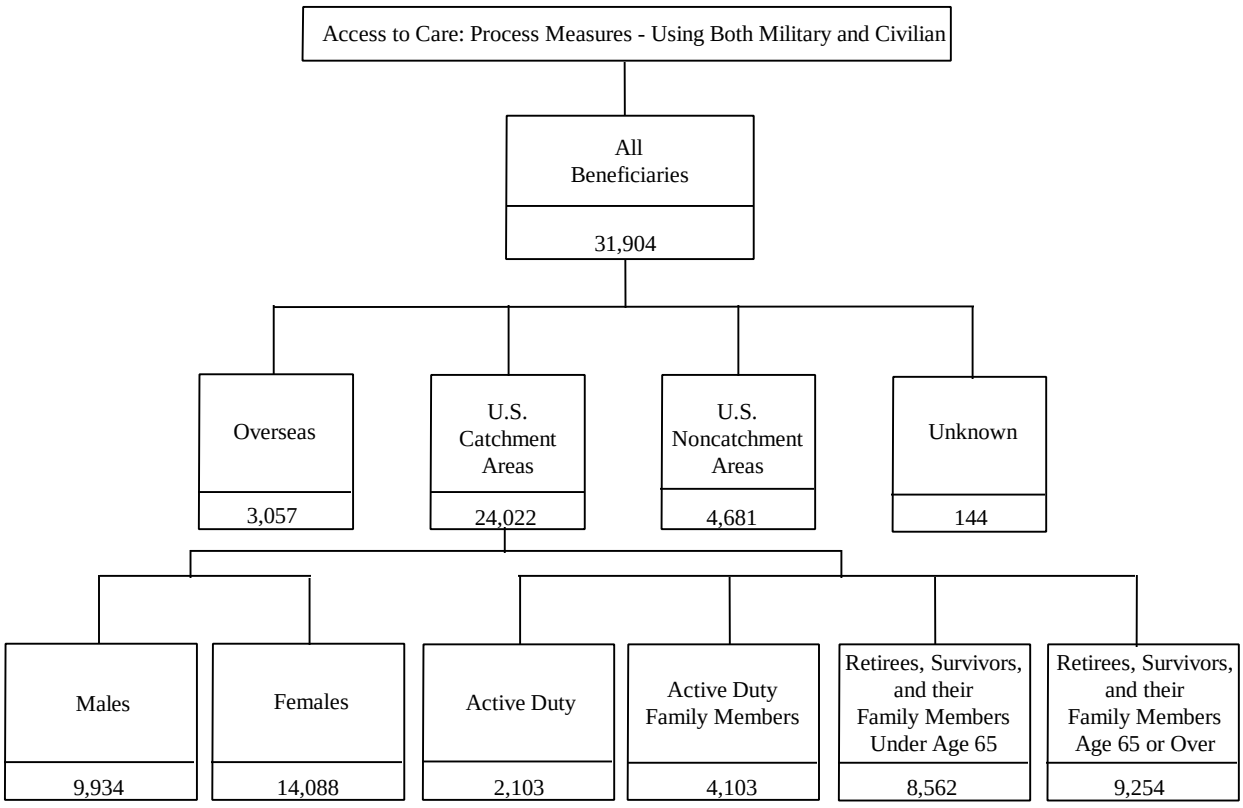

Figure 22. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in U.S. catchment areas by gender, beneficiary type, and type of facility

Table 22a Access to Health Care: Process Measures - Beneficiaries U in Catchment Areas sing BOTH Military and Civilian Care in Past 12 Months in U.S. Catchment Areas By Gender, Beneficiary Type, and Type of Facility

Table 22b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in U.S. Catchment Areas - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Gender, Beneficiary Type, and Type of Facility

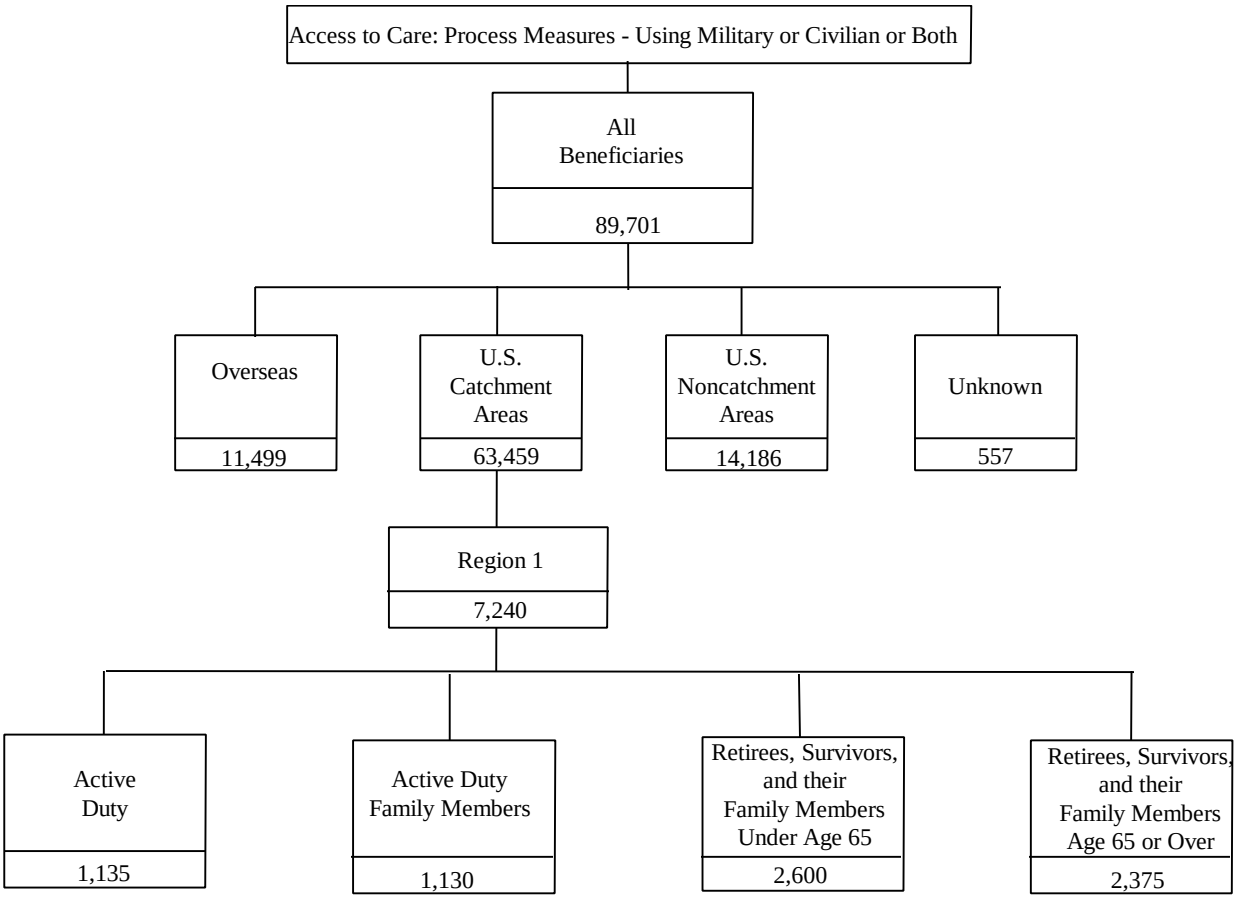

Figure 23. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 1, Northeast, by beneficiary type and type of facility

Beneficiaries Access to Health Care: Process Measures by Region

The tables for process measures by region (Tables 23a through 48a) are organized like those already presented for process measures. The first table in each set presents the measures for beneficiaries who have used military or civilian sources of care or both, and the second table in the set presents the information for beneficiaries who have used both systems of care. Results are shown within each region by beneficiary type: active duty personnel; active duty family members; retirees, survivors and family members under age 65; retirees, survivors and family members 65 or over. The discussion is organized around each of the process measures of access to health care.

1-2 Phone Calls for an Appointment. The general pattern of a lower percentage of beneficiaries reporting they are able to arrange an appointment in 1 to 2 phone calls with a military as opposed to civilian care persists across the regions. The differences are often quite large. In Region 1 (see Table 23a), for example, among active duty personnel using military care, 50 percent reported arranging an appointment with only 1 or 2 calls (declining to 38 percent using military care among those using both systems of care in Table 24a), compared to 83 percent of those using civilian care. Similarly, in Region 2 (Mid-Atlantic), among active duty family

members, 39 percent of those using military care, as opposed to 70 percent of those using civilian care reported arranging an appointment in 1 or 2 phone calls. These large differences persisted across all regions with the exception of Region 9 (Southern California). In Region 9, percentages for those using civilian care appear to be lower than in other regions, in addition to percentages for users of military care being somewhat higher.

Wait Less Than 30 Minutes in a Medical Facility. A considerably higher percentage of those using civilian care in contrast to military care indicated they waited less than 30 minutes in a medical facility. These differences were observed for all beneficiary types and hold across the regions. Generally from 50 percent to 60 percent report waiting less than 30 minutes when using military care, compared to 70 percent to 80 percent using civilian care. Differences are much less or absent in a number of regions for retirees, survivors and their family members age 65 and over, however (e.g., in Regions 4, 5, 7, 8, 10, 12 and Alaska).

Travel Less Than 30 Minutes to a Medical Facility. Overall, the biggest differential in travel is for retirees, survivors and their family members. Over 85 percent of those using civilian care indicate they travel less than 30 minutes to a medical facility, compared to from 64 percent to 68 percent (those under 65 and 65 and over respectively) using military facilities (see Table 21a). For active duty personnel and their family members, there is no meaningful difference in travel time between those using military and civilian care, with over 80 percent of both groups indicating travel time of less than 30 minutes. No doubt this reflects the residential patterns of these different beneficiary groups relative to military facilities.

In general, this overall pattern holds, but there are some regional variations. For Region 1 (Northeast) compared to other regions, a lower percentage of active duty personnel using military care reported travel time of less than 30 minutes (about 75 percent compared to above 85 percent in most regions). Active duty family members in this region also were more likely to report travel time of less than 30 minutes using civilian as opposed to military care (72% versus 89% respectively). Retirees, survivors and their family members, regardless of age, consistently experienced longer travel times when using military as opposed to civilian care. In Region 5 (Heartland), for example, 50 percent of elderly retirees, survivors and their family members reported traveling less than 30 minutes if using military care, compared to 81 percent if using civilian care.

Waiting Time for an Appointment. Ability to obtain appointments within a reasonable time frame for urgent care (same day), minor illness (3 days or less), routine/preventive care (30 days or less), or chronic or ongoing condition (30 days or less), was generally very good. Typically, over 90 percent of beneficiaries reported being able to make appointments within the specified number of days, (with the exception of minor illness) when using military care. Among beneficiaries using military care, 90 percent of active duty personnel reported being able to obtain an appointment for a minor illness within 3 days or less. This dropped to 82 percent for active duty family members, 76 percent for retirees, survivors and their family members under 65 years of age, and 75 percent for elderly retirees, survivors and their family members. (The percentages for all groups declined slightly for persons with experience in both systems of care.)

Regional data also indicate very high percentages of beneficiaries reporting being able to obtain appointments of various types within the specified number of days. In some regions, even differences between military and civilian care for appointments for minor illness became relatively small or disappeared for some beneficiary types (e.g., active duty family members in Regions 2, 3, and 5.)

Table 23a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 1, Northeast

Table 23b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 1, Northeast - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

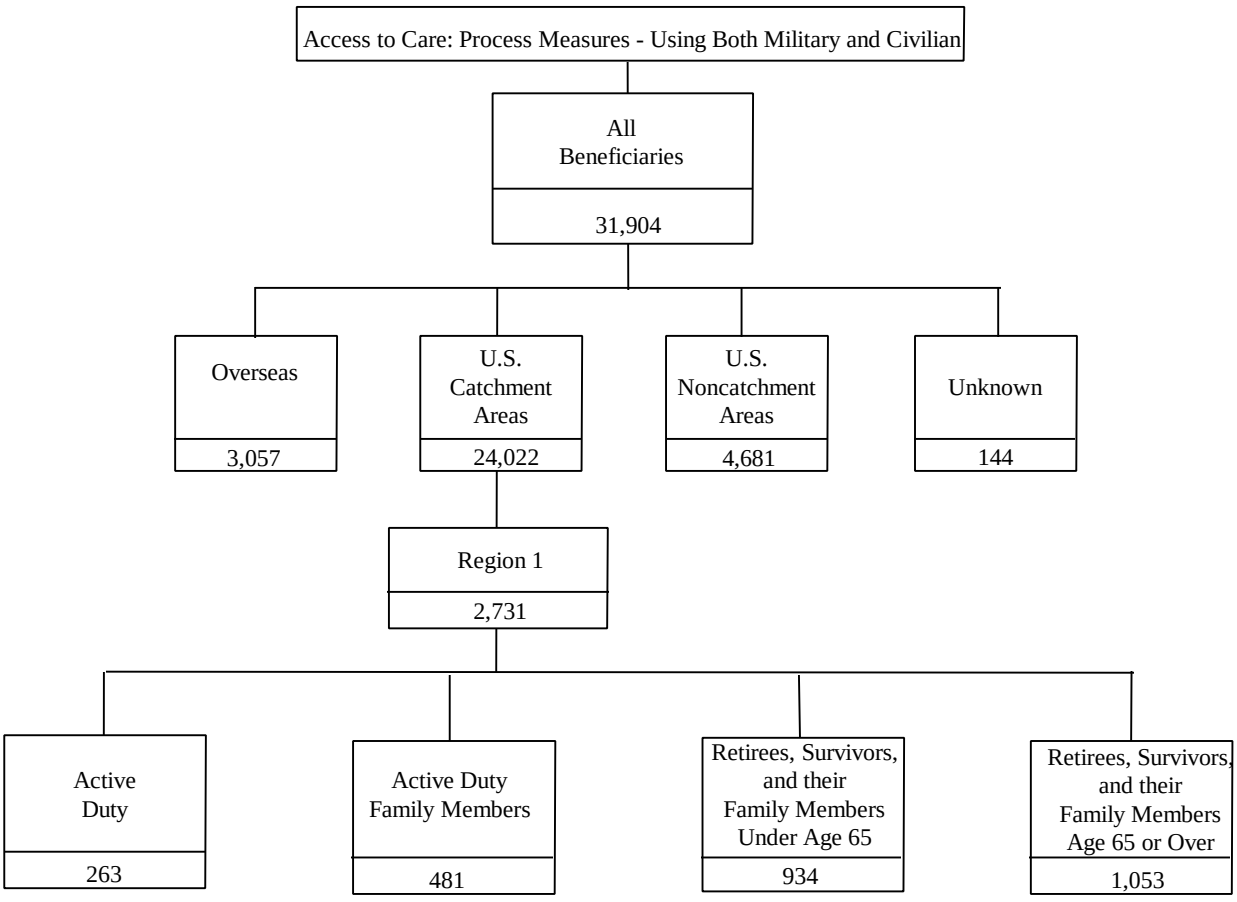

Figure 24. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 1, Northeast, by beneficiary type and type of facility

Table 24a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 1

Table 24b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 1, Northeast - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

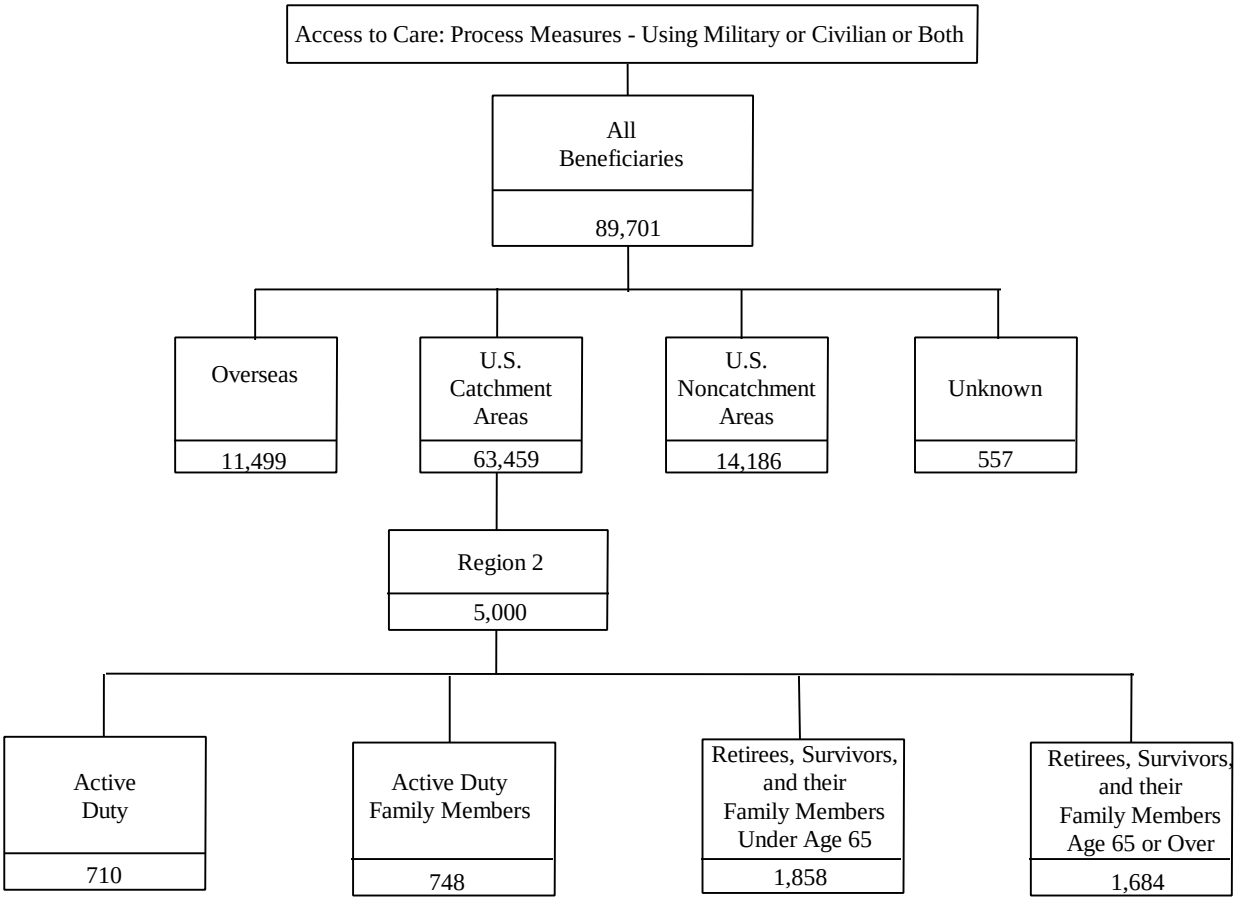

Figure 25. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 2, Mid-Atlantic, by beneficiary type and type of facility

Table 25a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 2, Mid-Atlantic

Table 25b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 2, Mid-Atlantic - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

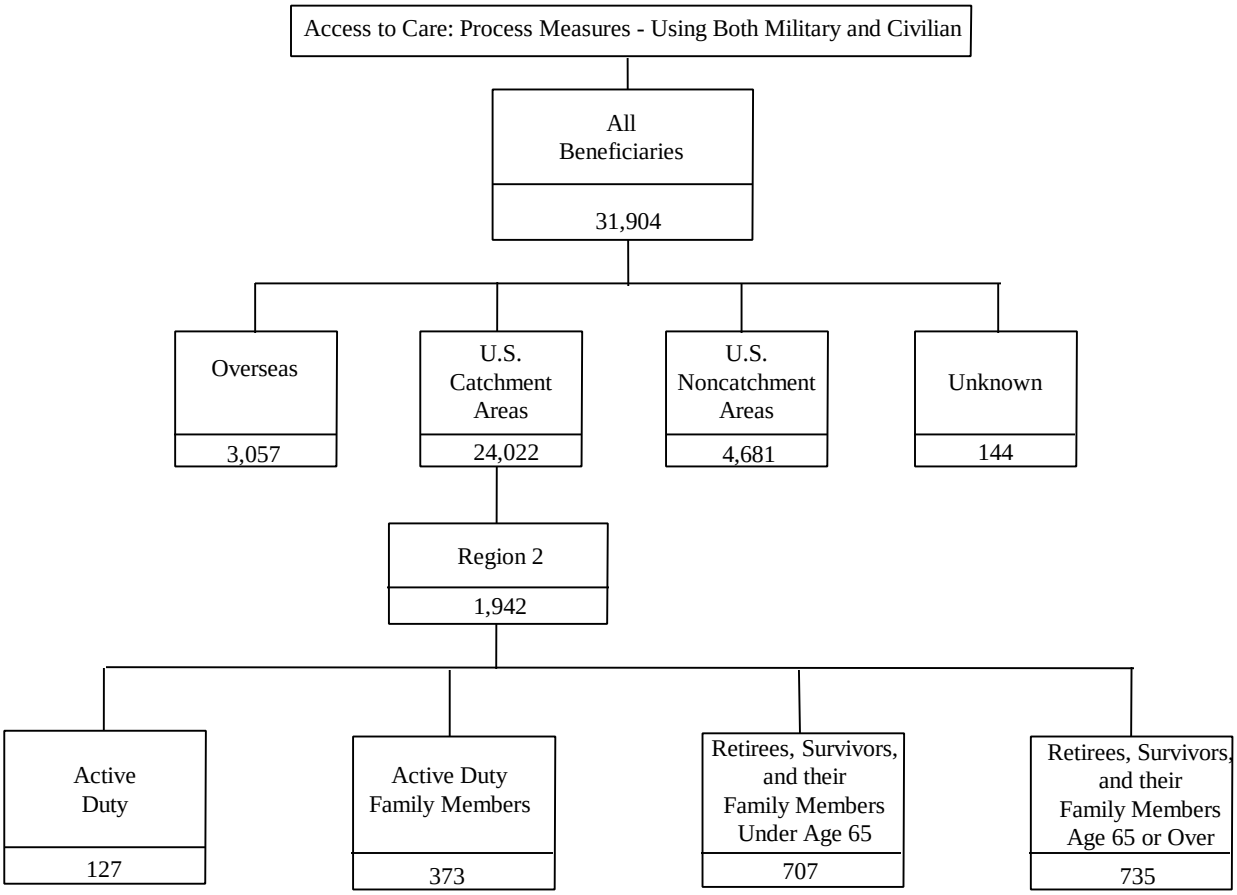

Figure 26. Access to health Care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 2, Mid-Atlantic, by beneficiary type and type of facility

Table 26a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 2, Mid-Atlantic

Table 26b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 2, Mid-Atlantic - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

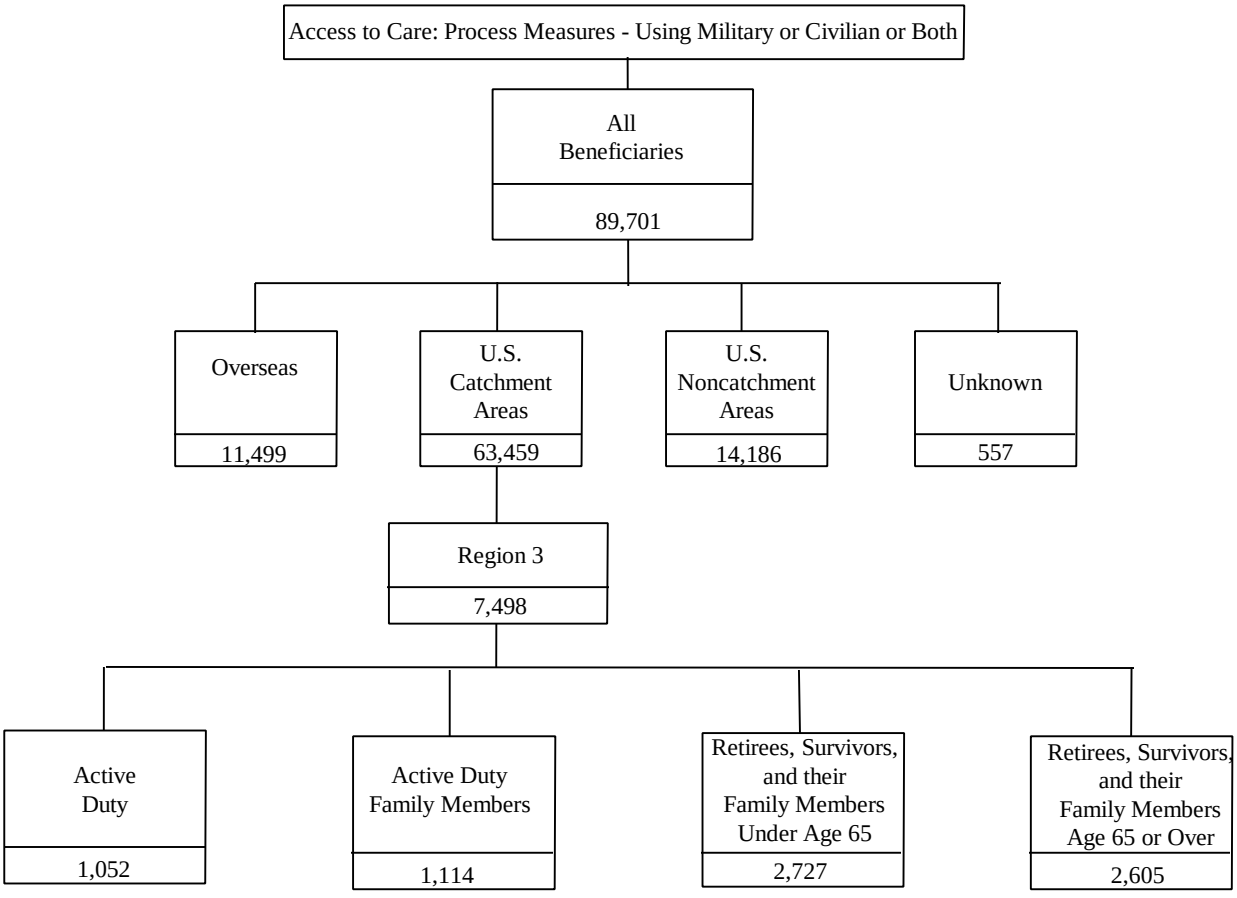

Figure 27. Access to Health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 3, Southeast, by beneficiary type and type of facility

Table 27a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 3, Southeast

Table 27b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 3, Southeast - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

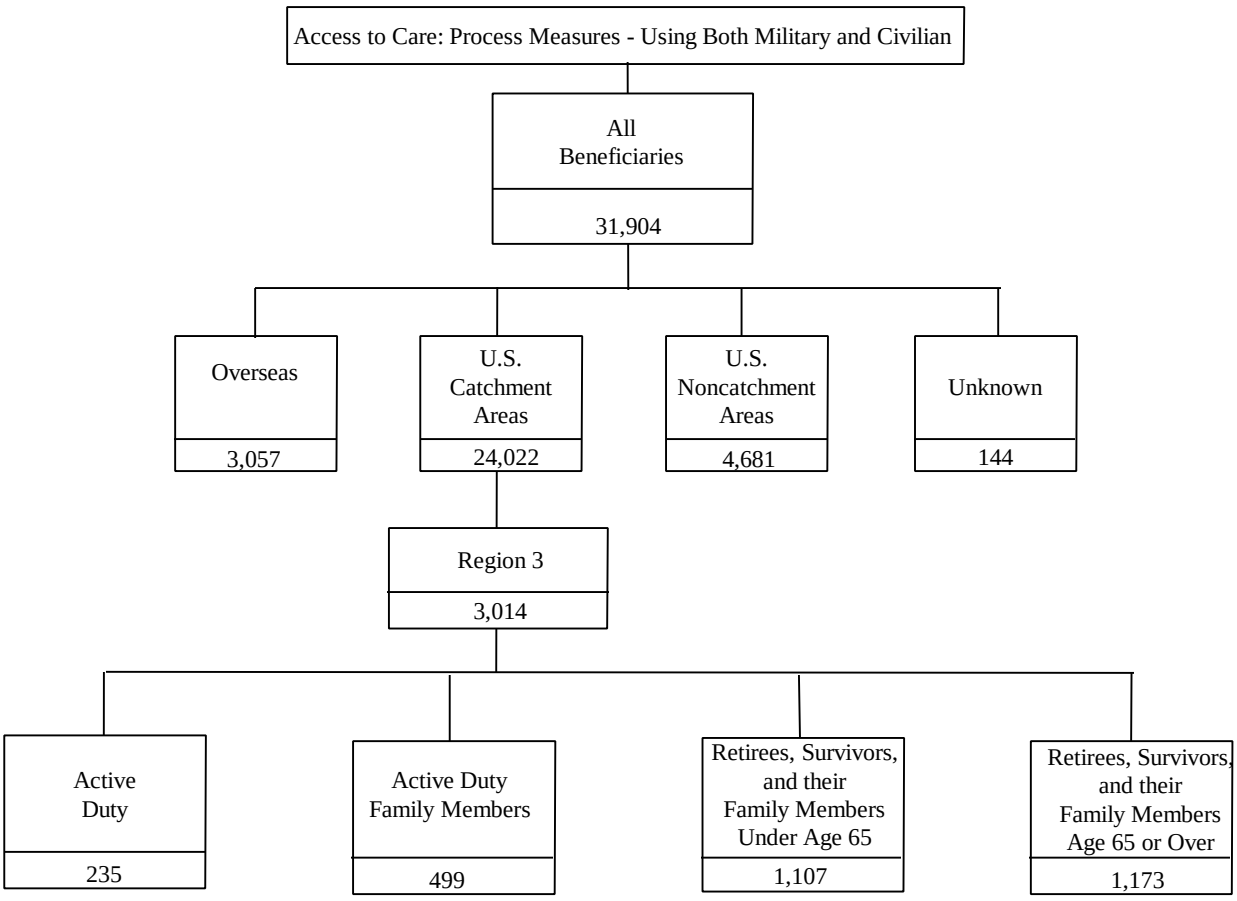

Figure 28. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 3, Southeast, by beneficiary type and type of facility

Table 28a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 3, Southeast

Table 28b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 3, Southeast - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

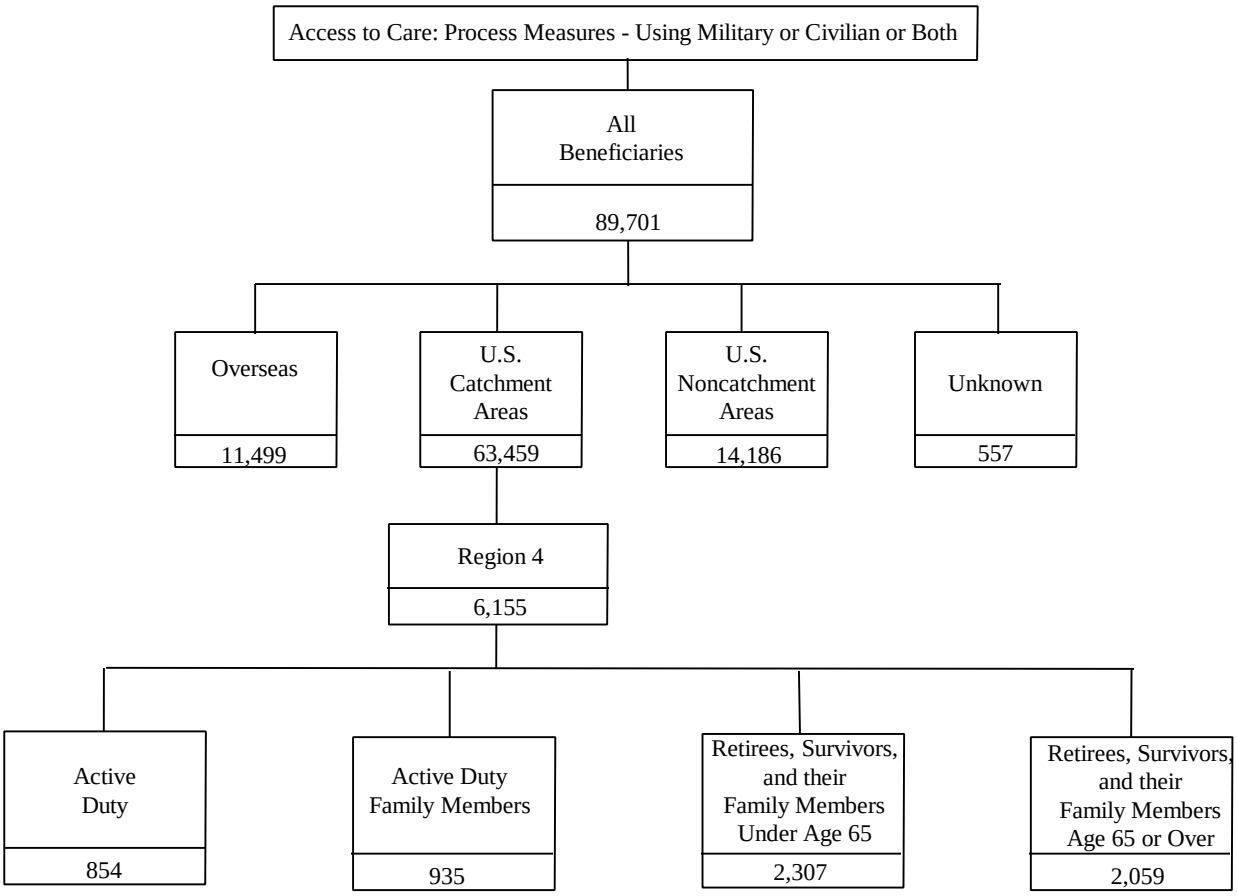

Figure 29. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 4, Gulfsouth, by beneficiary type and type of facility

Table 29a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 4, Gulfsouth

Table 29b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 4, Gulfsouth - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

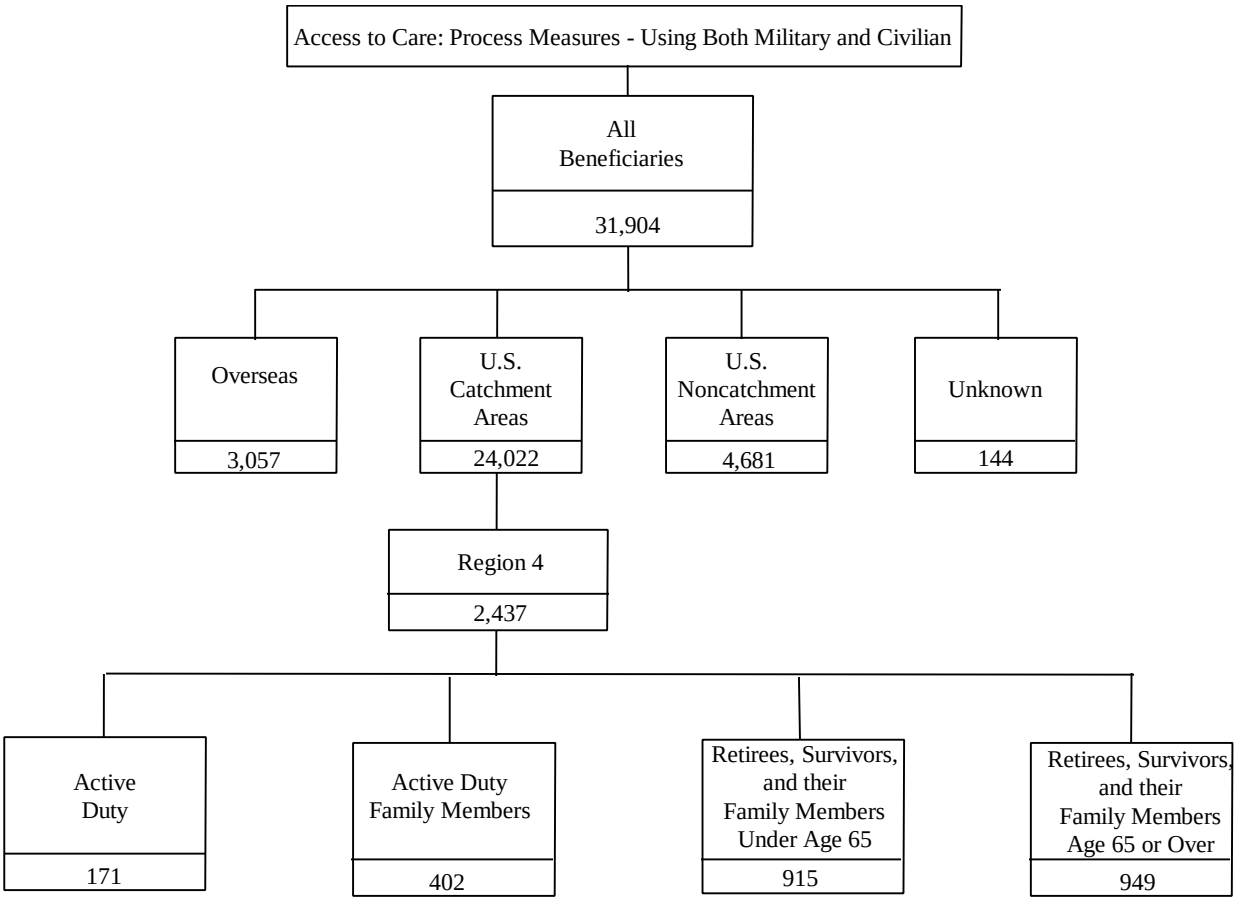

Figure 30. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 4, Gulfsouth, by beneficiary type and type of facility

Table 30a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 4, Gulfsouth

Table 30b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 4, Gulfsouth - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

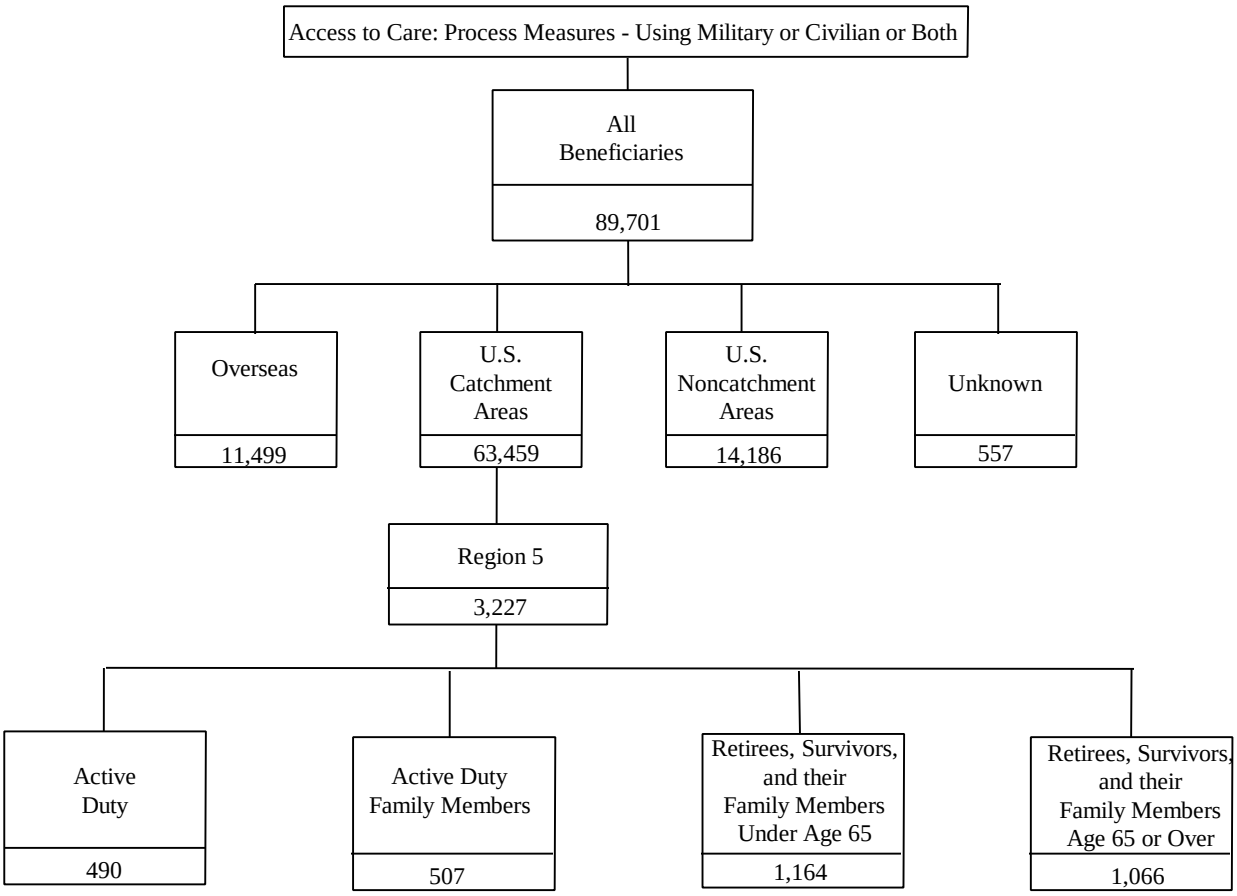

Figure 31. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 5, Heartland, by beneficiary type and type of facility

Table 31a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 5, Heartland

Table 31b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 5, Heartland - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiaries

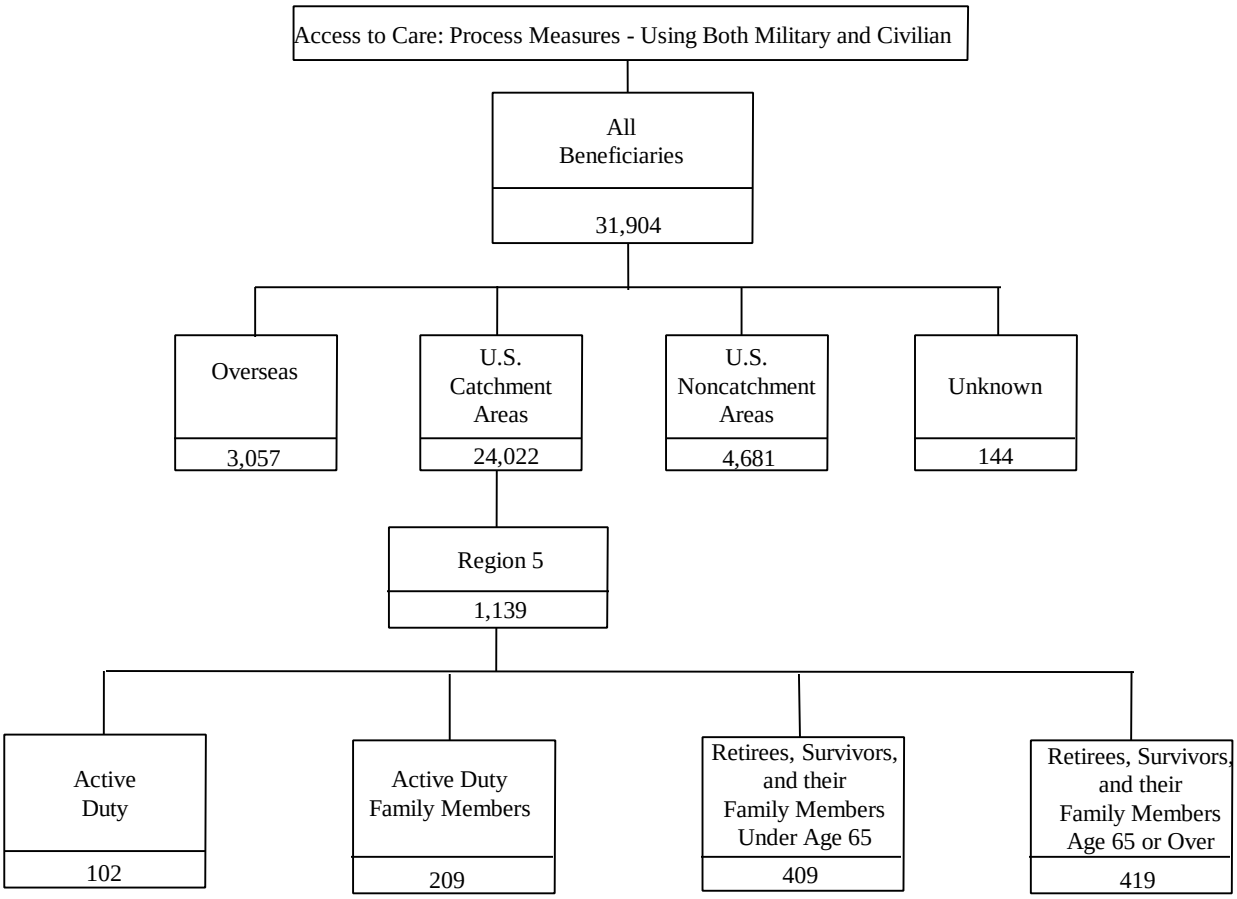

Figure 32. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 5, Heartland, by beneficiary type and type of facility

Table 32a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 5, Heartland

Table 32b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 5, Heartland - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

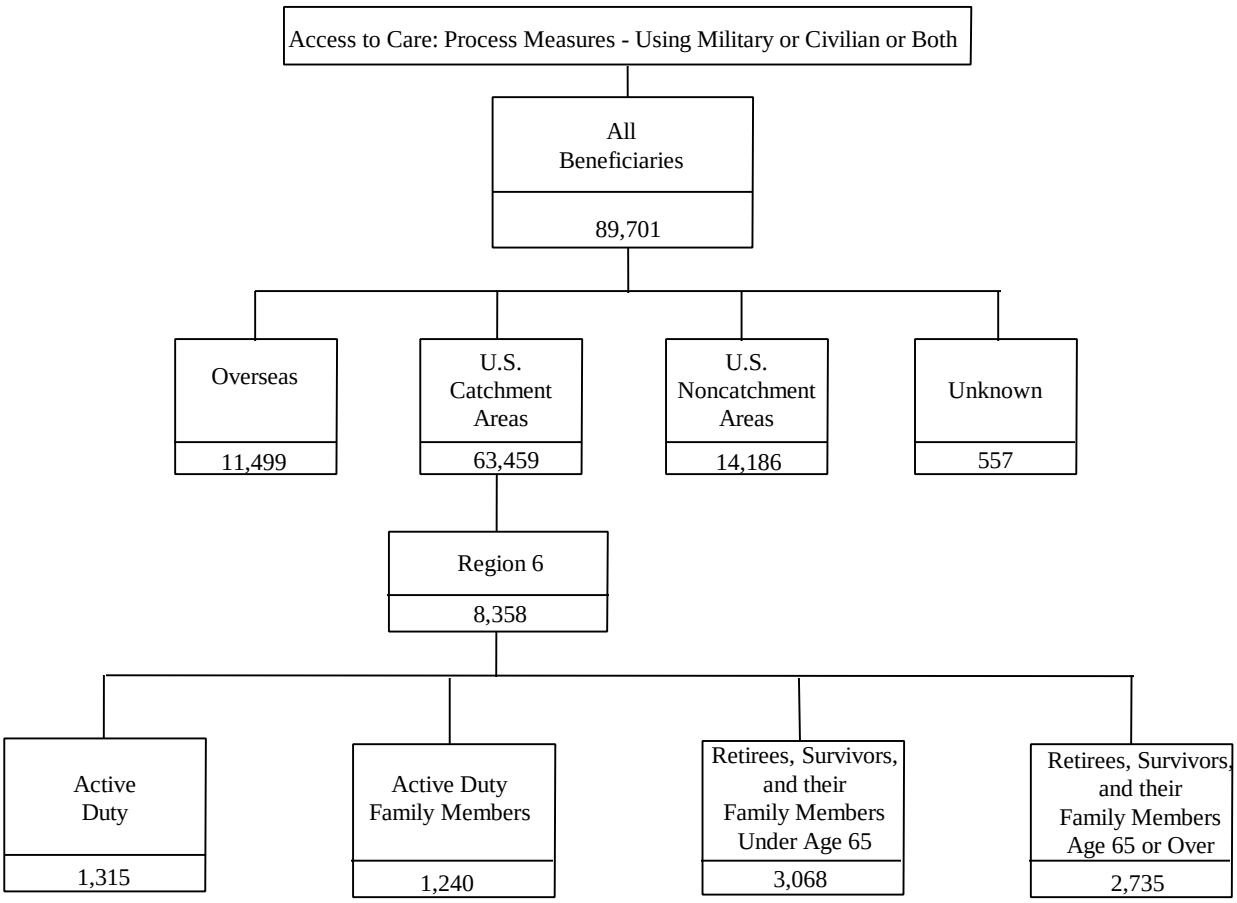

Figure 33. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 6, Southwest, by beneficiary type and type of facility

Table 33a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 6, Southwest

Table 33b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 6, Southwest - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

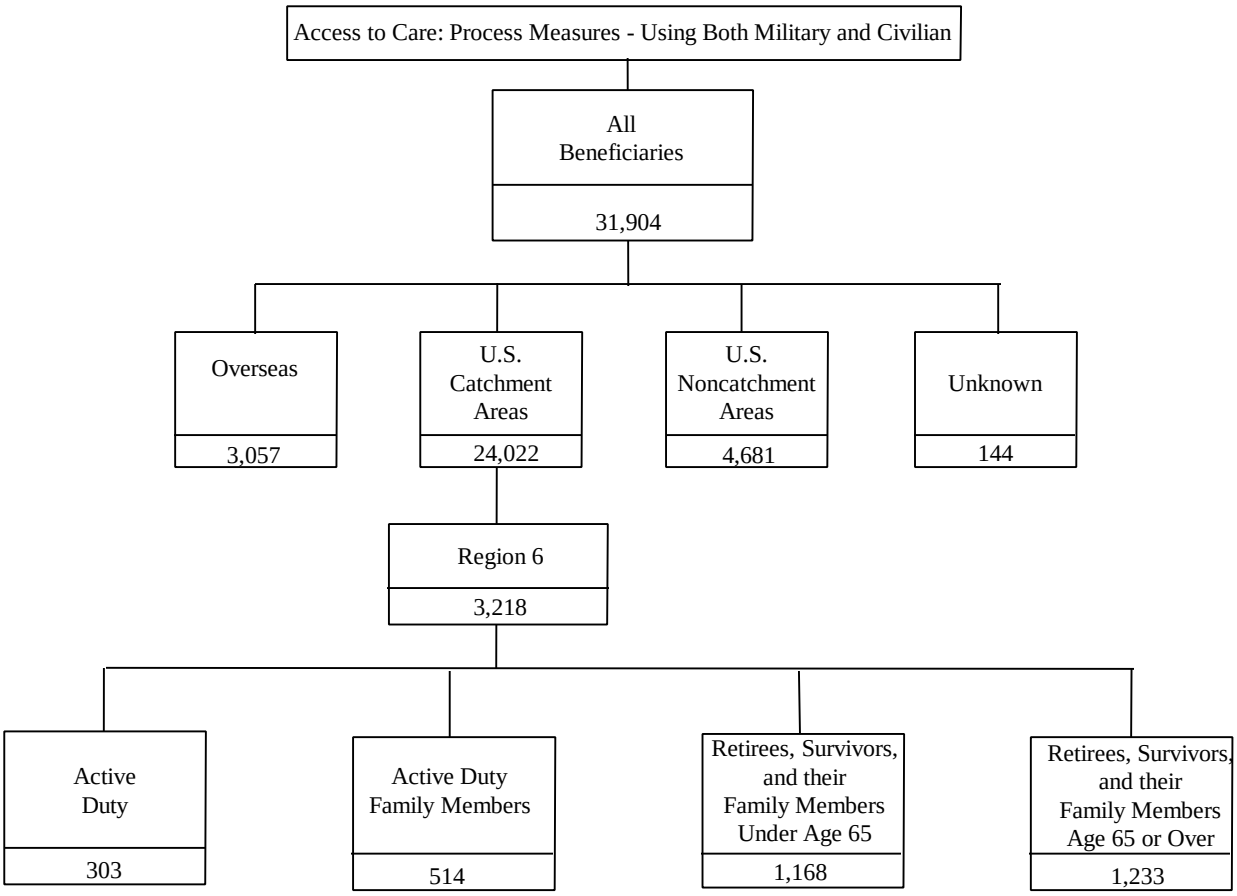

Figure 34. Access to health care: Process Measures - Beneficiaries using both military and civilian care in past 12 months in Region 6, Southwest, by beneficiary type and type of facility

Table 34a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 6, Southwest

Table 34b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 6, Southwest - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

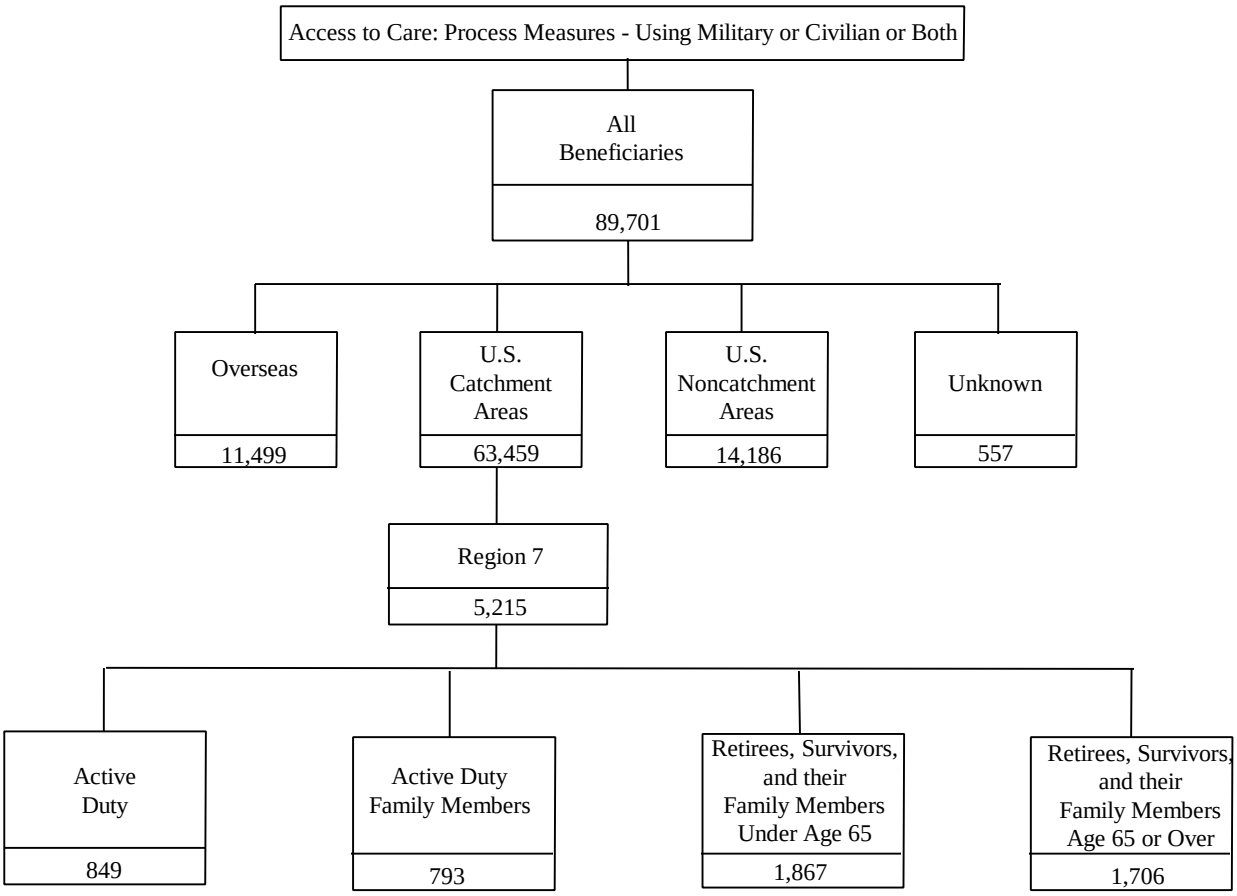

Figure 35. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 7, Desert States, by beneficiary type and type of facility

Table 35a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 7, Desert States

Table 35b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 7, Desert States - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

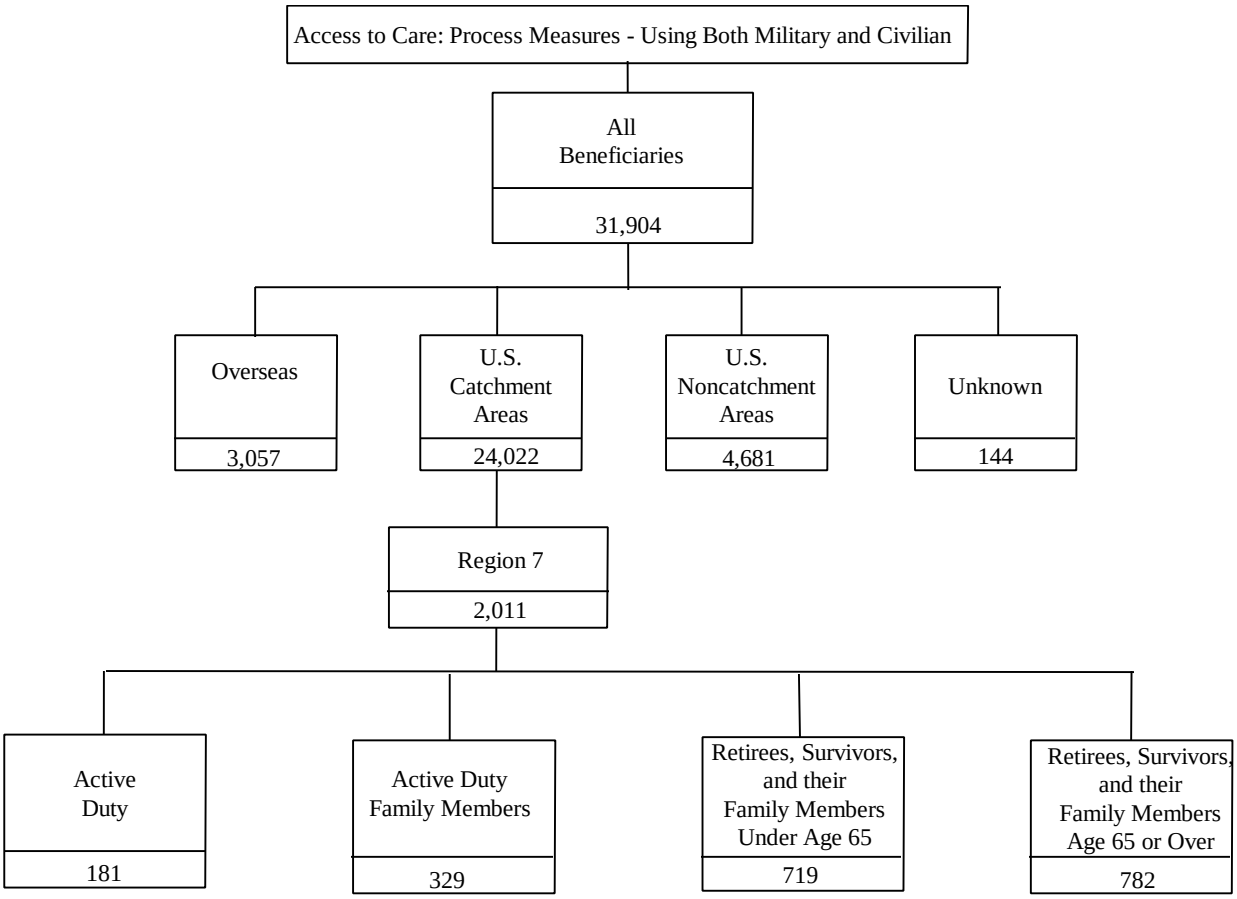

Figure 36. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 7, Desert States, by beneficiary type and type of facility

Table 36a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 7, Desert States

Table 36b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 7, Desert States - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

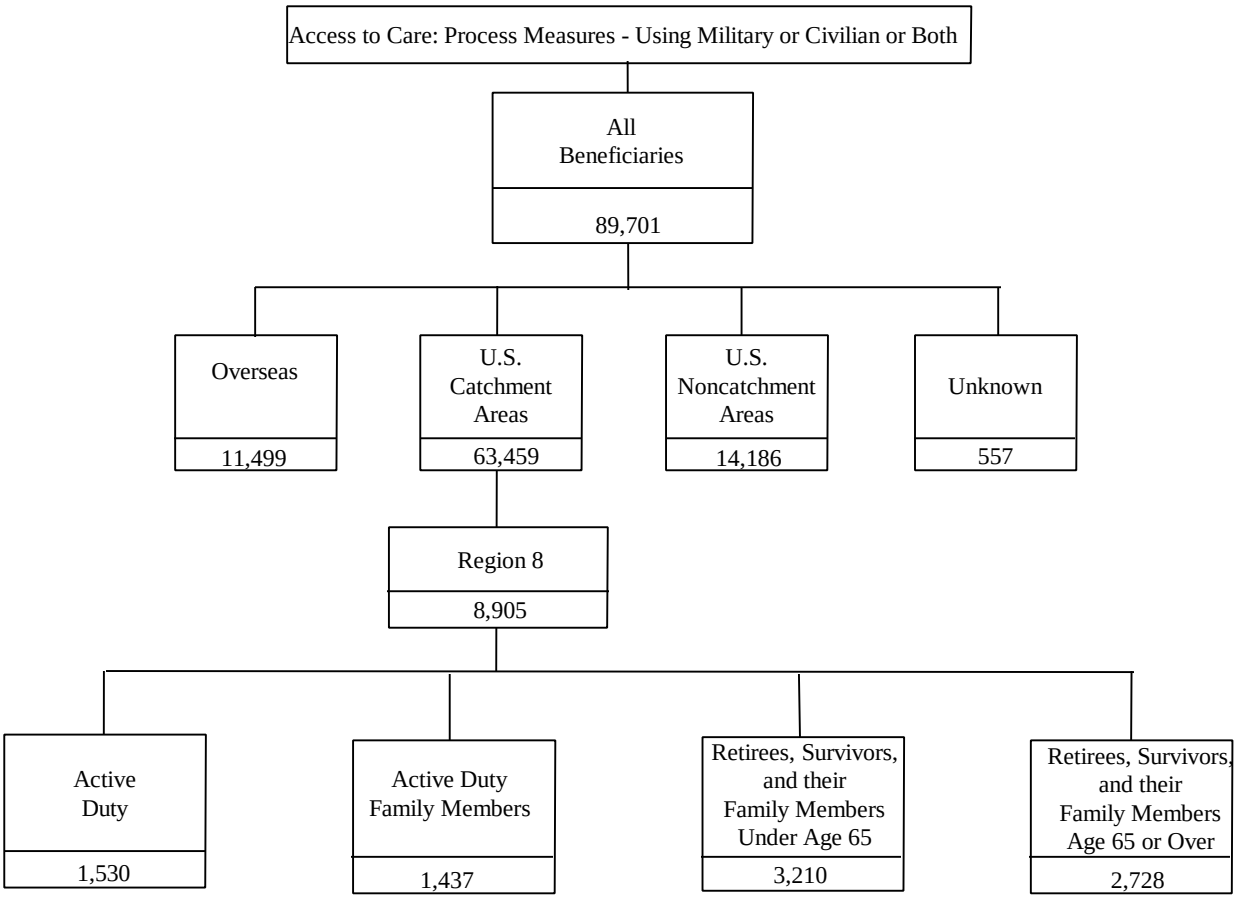

Figure 37. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 8, North Central, by beneficiary type and type of facility

Table 37a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 8, North Central

Table 37b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 8, North Central - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

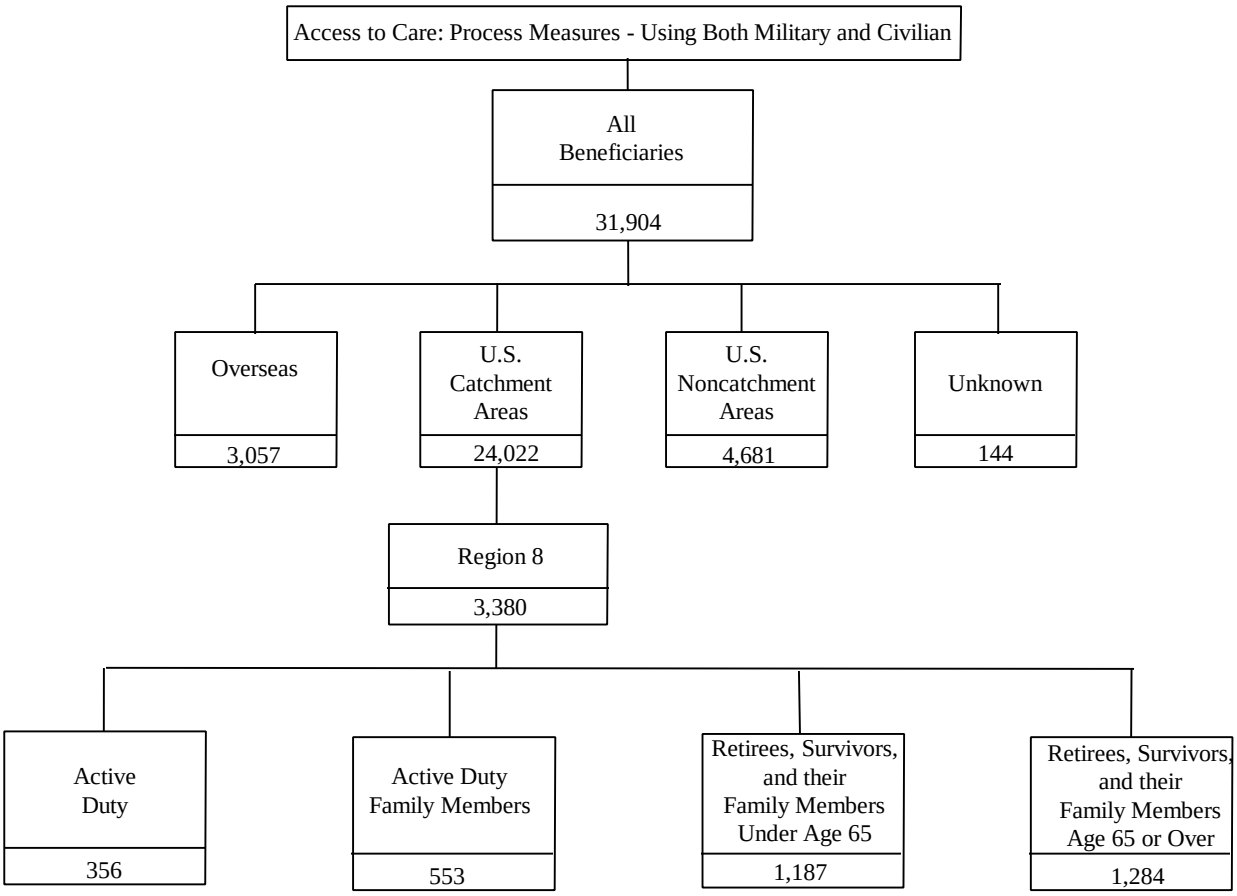

Figure 38. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 8, North Central, by beneficiary type and type of facility

Table 38a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 8, North Central

Table 38b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 8, North Central - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

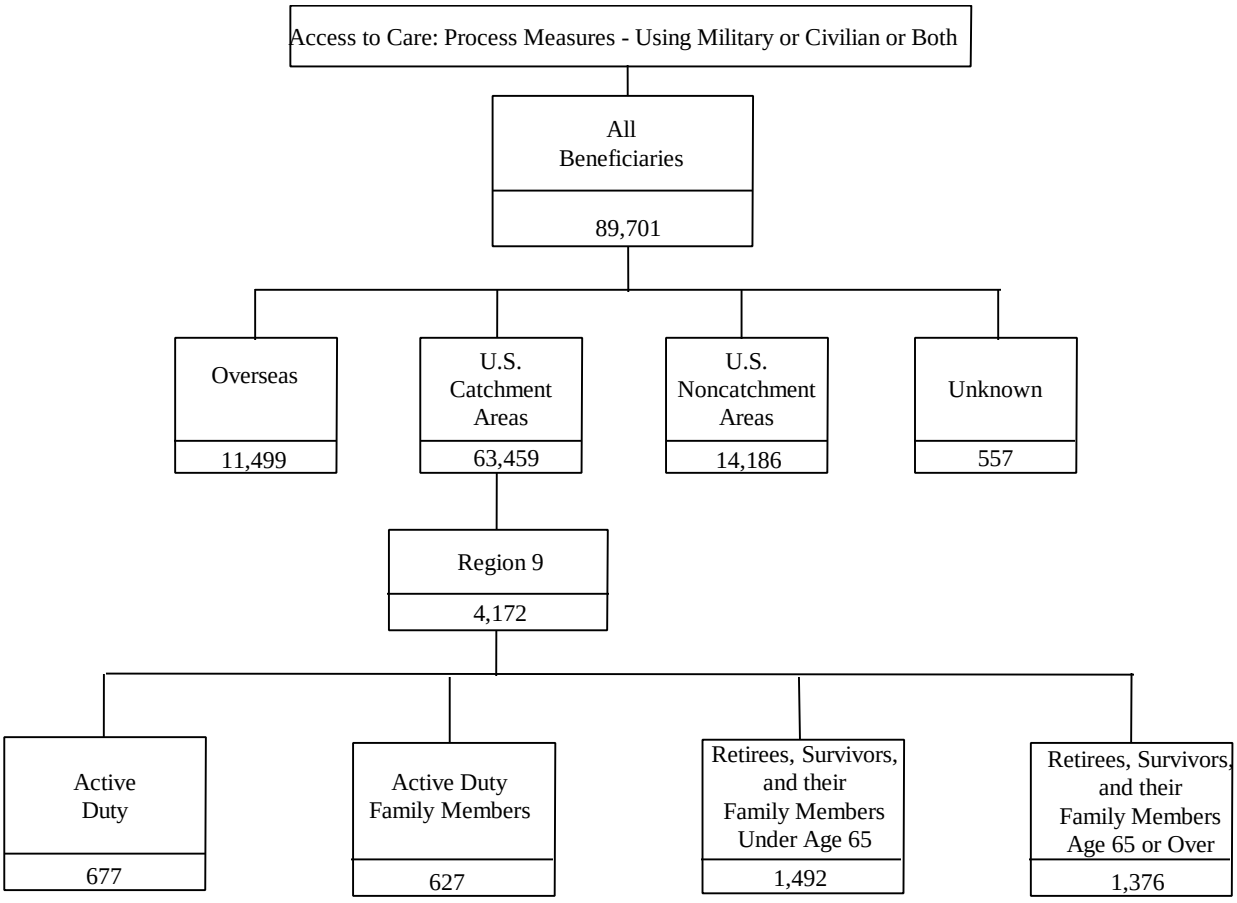

Figure 39. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 9, Southern California, by beneficiary type and type of facility

Table 39a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 9, Southern California

Table 39b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 9, Southern California - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

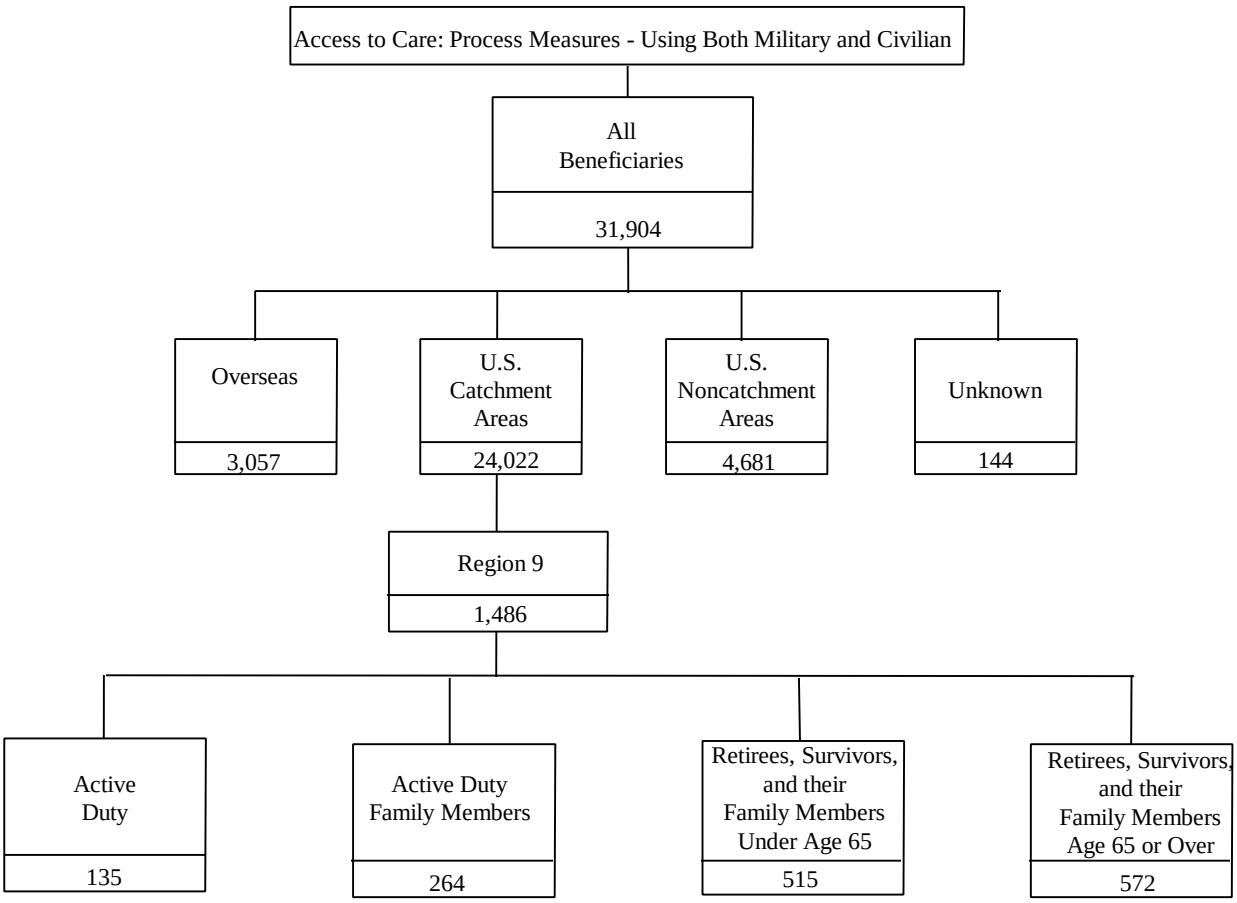

Figure 40. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 9, Southern California, by beneficiary type and type of facility

Table 40a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 9, Southern California

Table 40b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 9, Southern California - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

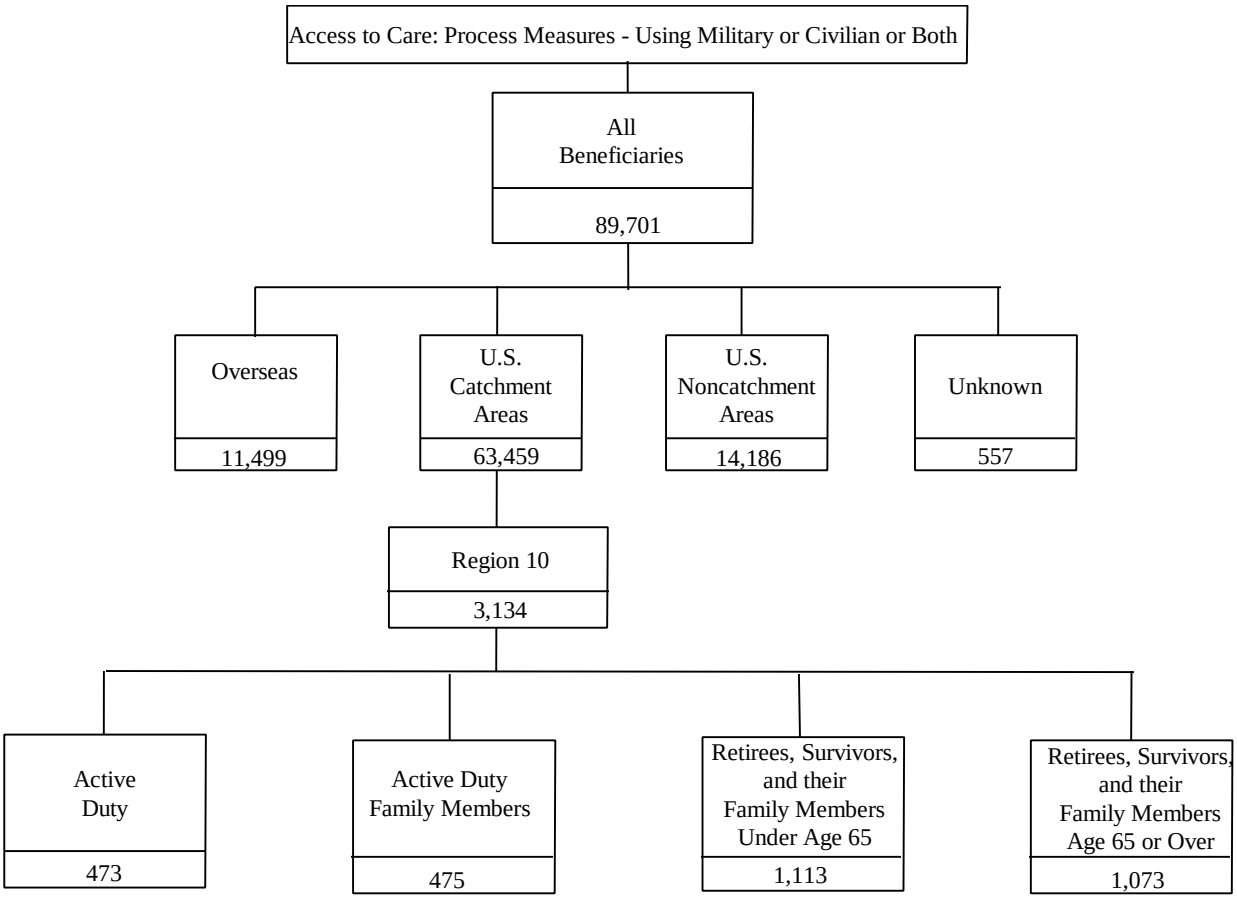

Figure 41. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 10, Golden Gate, by beneficiary type and type of facility

Table 41a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 10, Golden Gate

Table 41b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 10, Golden Gate - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

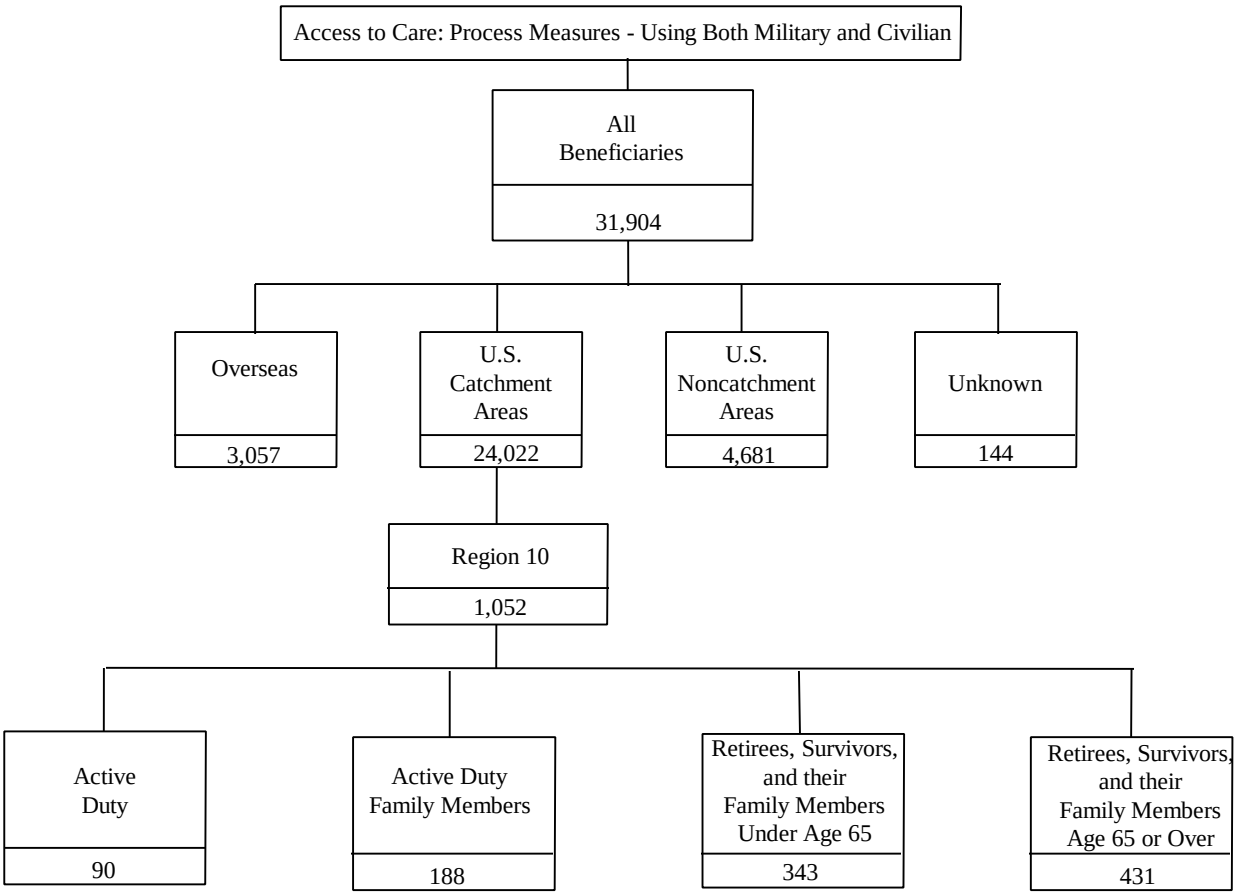

Figure 42. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 10, Golden Gate, by beneficiary type and type of facility

Table 42a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 10, Golden Gate

Table 42b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 10, Golden Gate - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

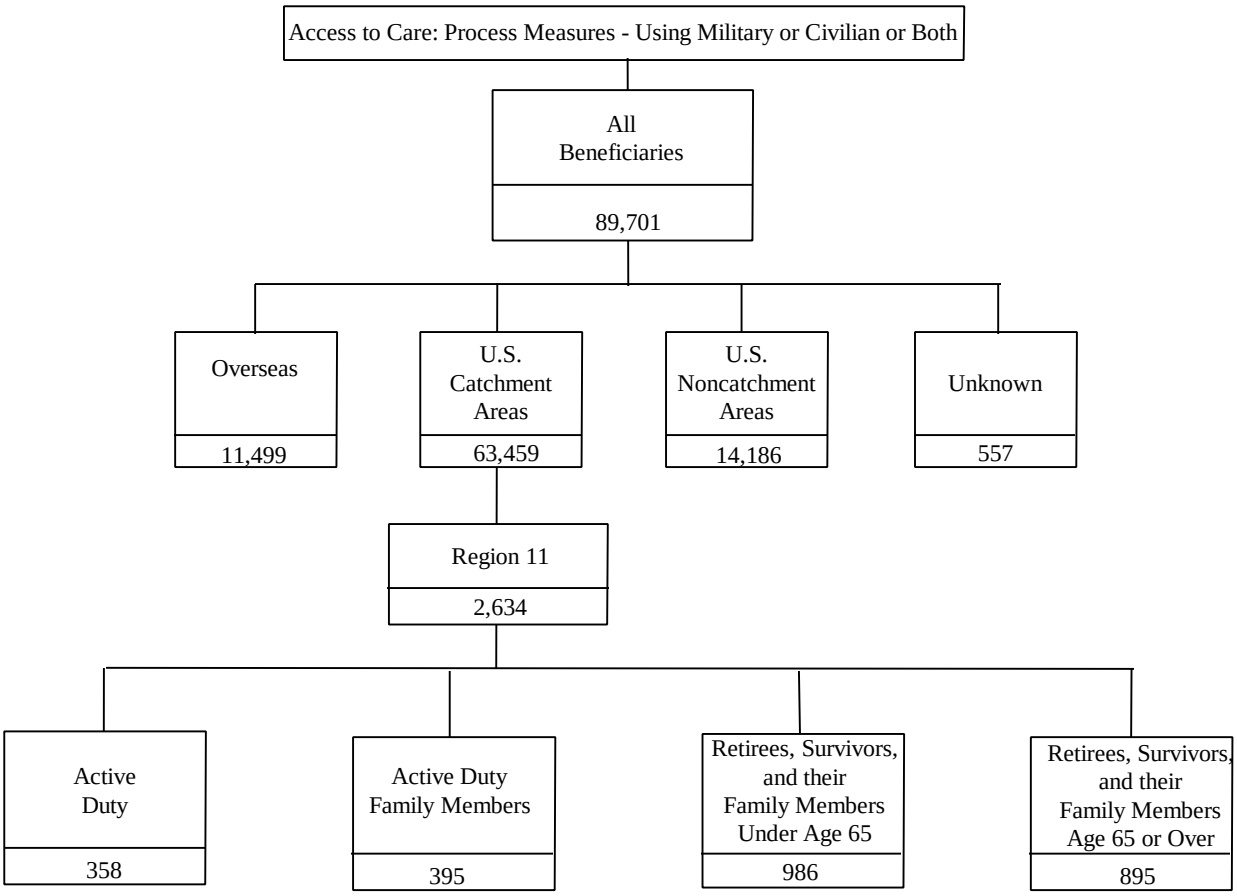

Figure 43. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 11, Northwest, by beneficiary type and type of facility

Table 43a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 11, Northwest

Table 43b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 11, Northwest - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

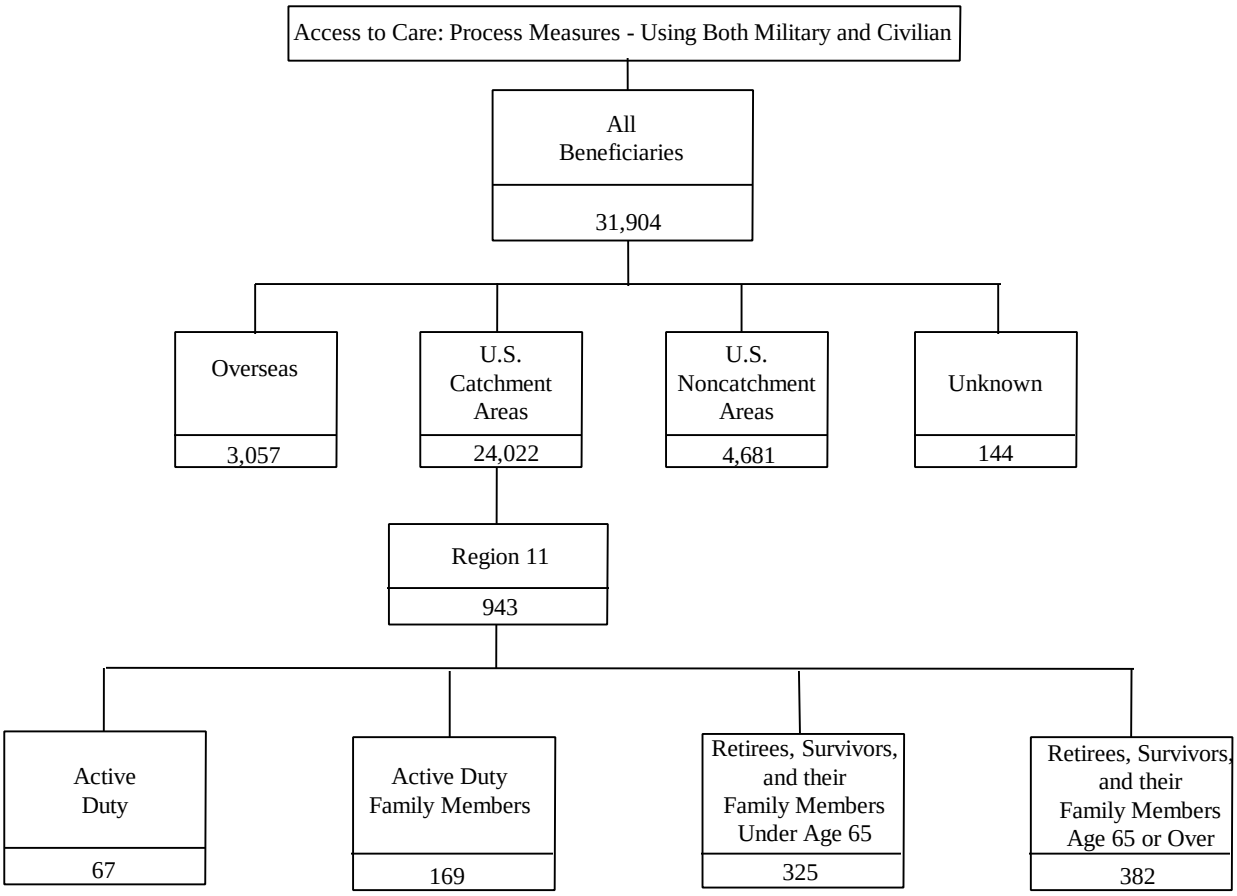

Figure 44. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 11, Northwest, by beneficiary type and type of facility

Table 44a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 11, Northwest

Table 44b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 11, Northwest - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

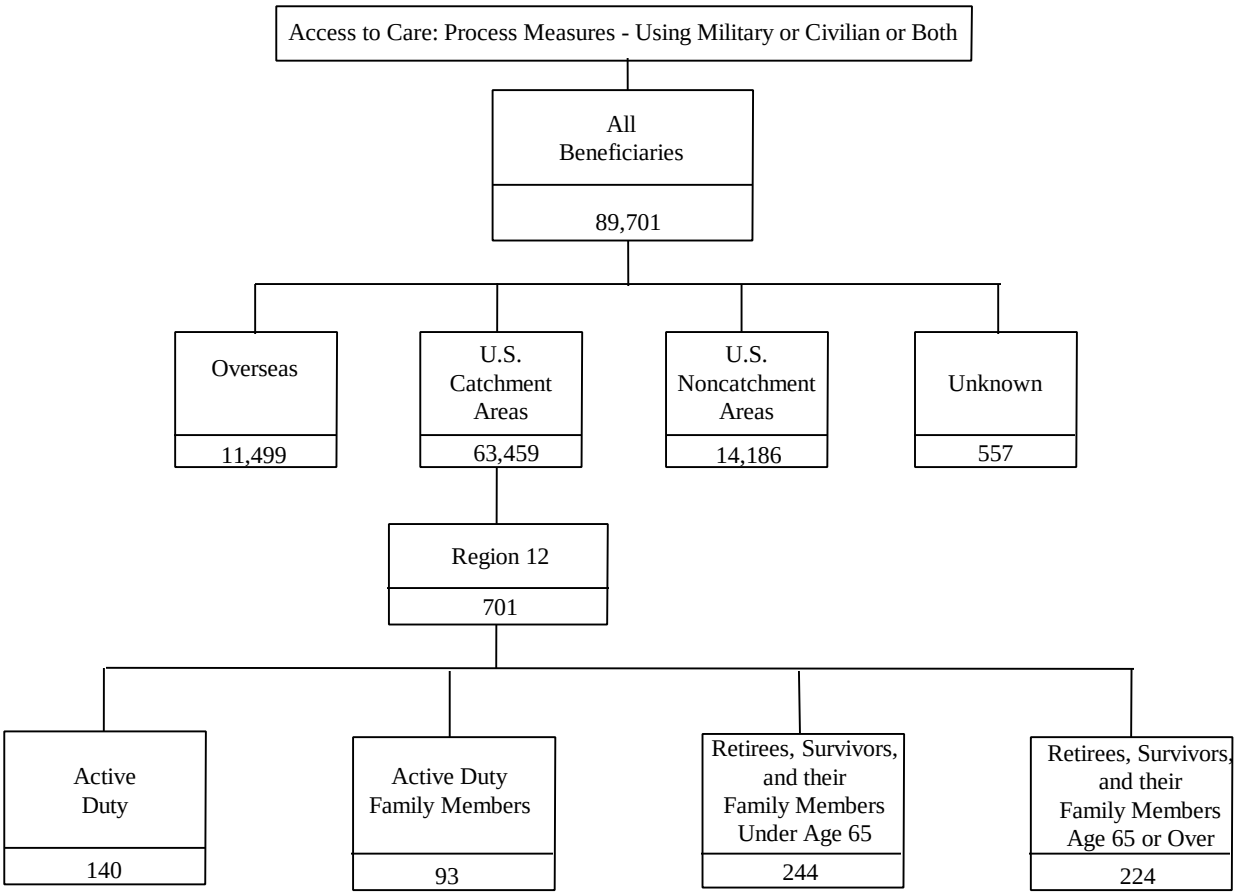

Figure 45. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Region 12, Hawaii Pacific, by beneficiary type and type of facility

Table 45a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 12, Hawaii Pacific

Table 45b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Region 12, Hawaii Pacific - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

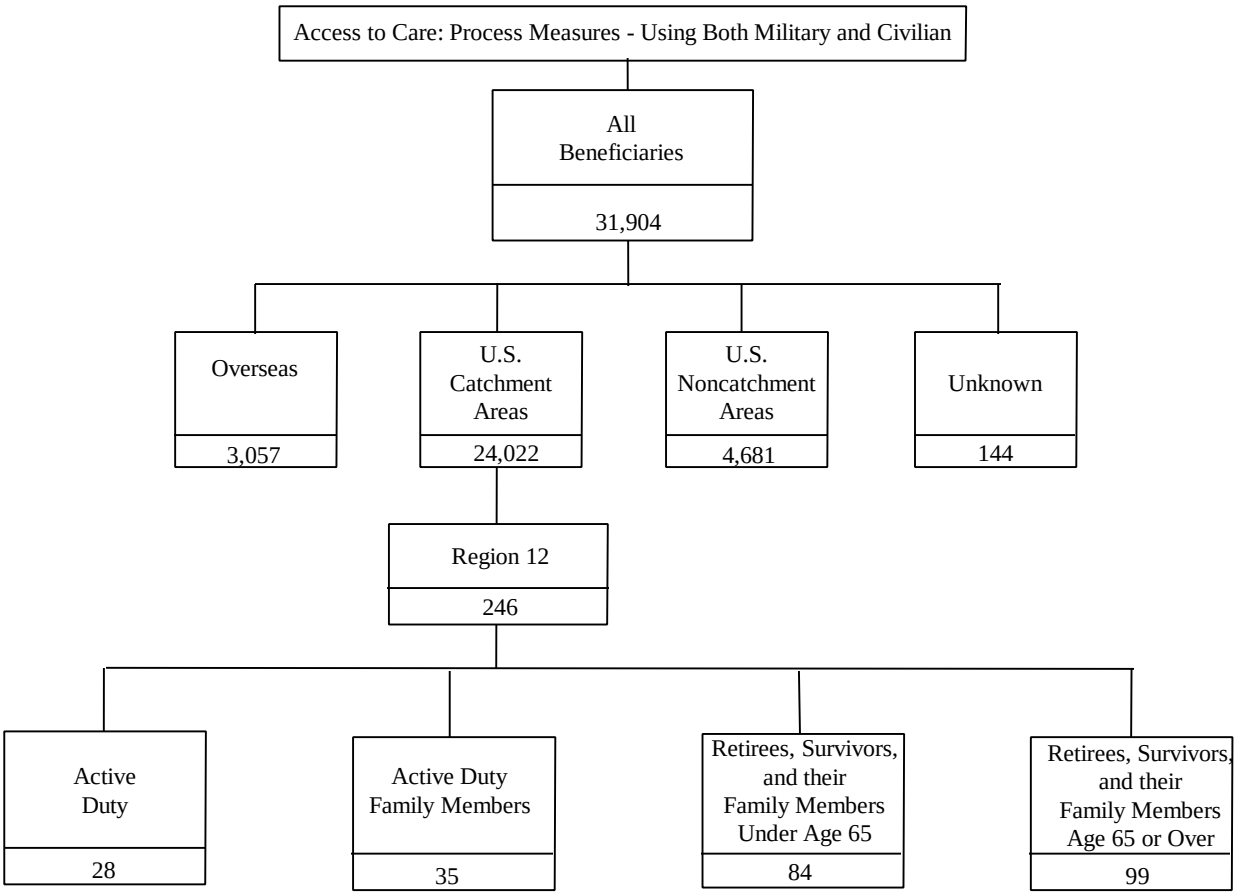

Figure 46. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Region 12, Hawaii Pacific, by beneficiary type and type of facility

Table 46a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 12, Hawaii Pacific

Table 46b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Region 12, Hawaii Pacific - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

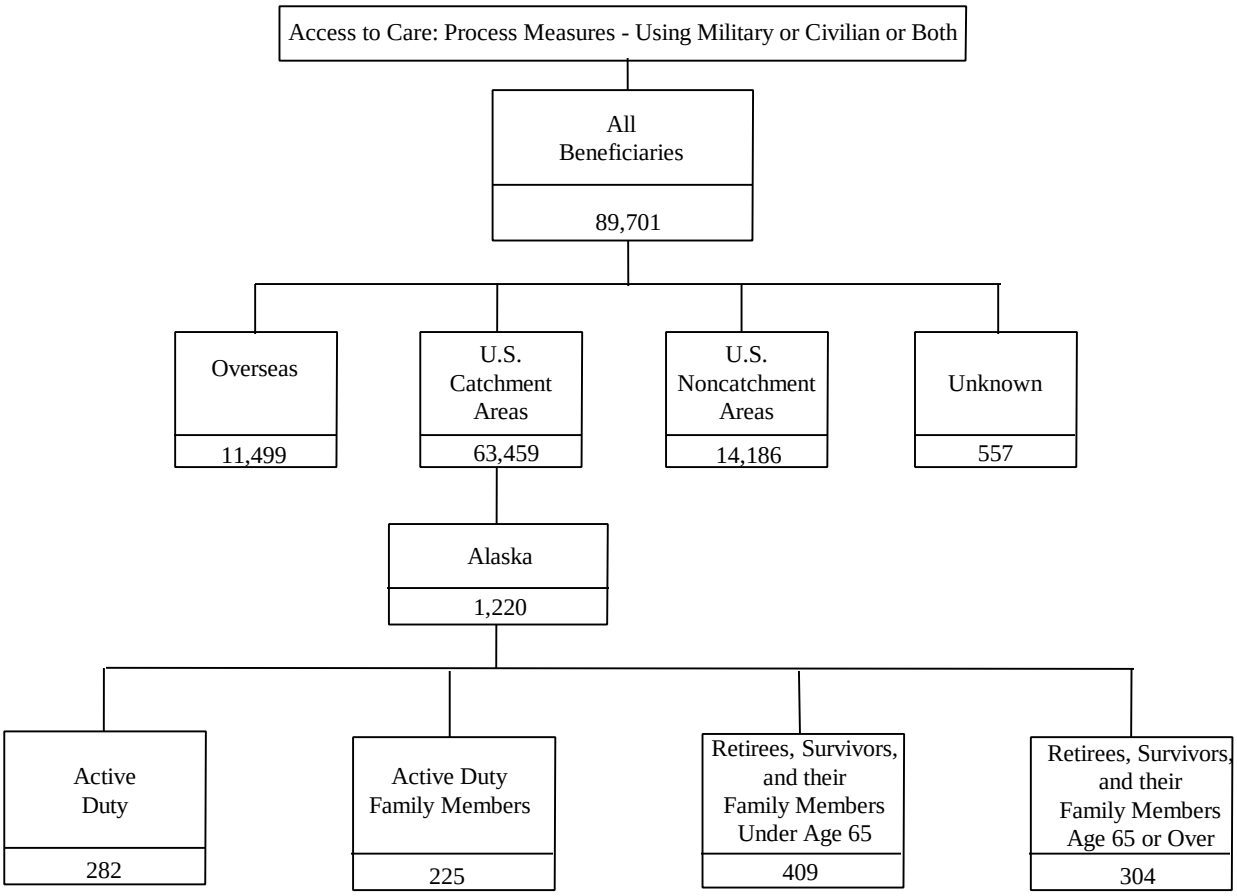

Figure 47. Access to health care: Process measures - Beneficiaries using military or civilian care or both in past 12 months in Alaska by beneficiary type and type of facility

Table 47a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Alaska

Table 47b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using Military or Civilian Care or Both in Past 12 Months in Alaska - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

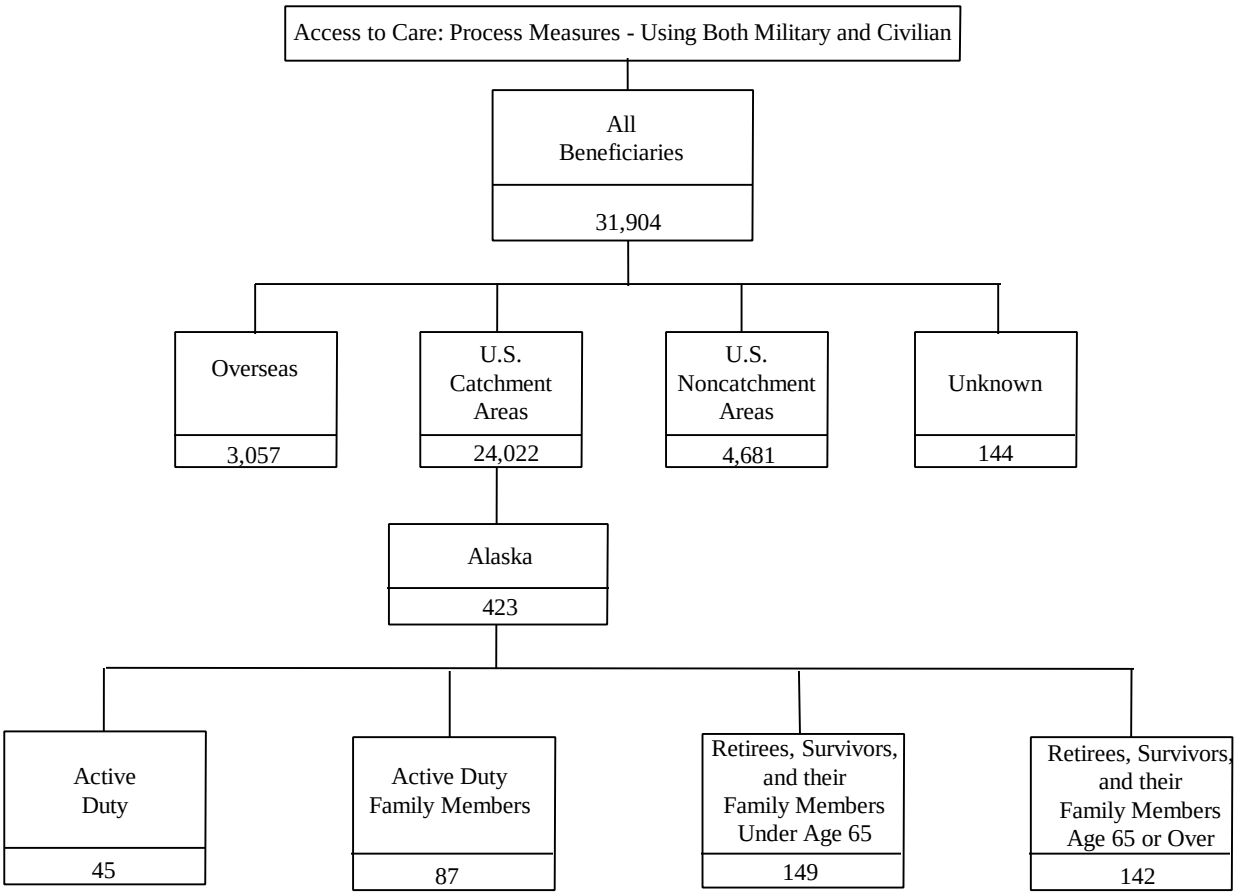

Figure 48. Access to health care: Process measures - Beneficiaries using both military and civilian care in past 12 months in Alaska by beneficiary type and type of facility

Table 48a Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Alaska

Table 48b Access to Health Care: Process Measures - Beneficiaries in Catchment Areas Using BOTH Military and Civilian Care in Past 12 Months in Alaska - Unweighted and Effective Sample Sizes of Beneficiaries Reporting Specified Levels of Access to Health Care By Beneficiary Type and Type of Facility

REFERENCES

Brundage, T., Chu, A., and Davis, B. (1997). *1996 Health Care Survey of DoD Beneficiaries Technical Manual - Form A* (DMDC Study Report 96-004). Arlington, VA: Defense Manpower Data Center.

US DHHS (1995). *Healthy People 2000: Midcourse Review and 1995 Revisions*. National Center for Health Statistics. Hyattsville, MD: Public Health Service.

Latta, M,. Helmick, J., Brundage, T., Chu, A., Davis, B,. Rauch, C. (1996). *Survey Analysis and Reporting for the 1996 Health Care Survey of DoD Beneficiaries Database Preparation Plan.*. Contract No. DASW01-94-0001.